

"GO AND TELL JOHN"

A

TWENTIETH CENTURY
MESSAGE

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“Go and Tell John”

*A Sketch of the Medical
and Philanthropic Work*

of the

Board of Foreign Missions of the
Presbyterian Church in the U.S.A.

ABRAM WOODRUFF HALSEY

BOARD OF FOREIGN MISSIONS OF THE
PRESBYTERIAN CHURCH IN THE U.S.A.
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DEDICATION

In loving memory of John H. Converse and Louis H. Severance, whose generous gifts made possible the Converse Hospital at Miraj, India, and the Severance Hospital at Seoul, Korea—stitutions which attest the devotion of these men of God to medical missions, and furnish examples worthy of all imitation by Christian laymen throughout the world.

P R E F A C E

The aim of this volume is to “Tell John” in simple language the story of the medical and philanthropic work carried on by the Presbyterian Board of Foreign Missions. It is a sketch, not a history. It is a story, not a treatise on methods and principles of medical missionary work. The incidents are *gleaned* largely from the records of recent years. Any attempt to gather the full harvest would require not one, but several volumes.

A series of appendices furnish a full list of the medical missionaries of the Board in service February, 1914; a concise account of the Hospitals and Dispensaries under care of the Board; a catalogue of diseases treated so far as they have been reported by the missionaries of the Board; and a statement showing the number of patients ministered to in a decade, together with the amount appropriated by the Board and the amount received on the field, for the same period.

A separate appendix will be published subsequently giving as accurately as possible the names of all those who have served the Board as medical missionaries in the seventy-six years of its history.

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Dr. Maud Allen and her Jatal helpers, India

tice as an ally. Certain European powers are sending physicians as well as diplomats to the Orient. This is illustrated in the case of the Germans in Shantung, of the French in Southern China, and more recently, of hospitals established in Korea, made possible partly by the gifts of philanthropic Japanese and partly

by the support of the Government. It is the opinion of those best informed on the subject that ninety out of a hundred of those who die in the non-Christian world, especially outside of the great cities, die unattended by any physician. In the Presbyterian Hospital at Miraj, India, from eight to nine hundred villages are annually represented in the patients who apply for treatment. The distance traveled by the patients in a single year averaged 185 miles. The number of treatments given in the hospitals and dispensaries connected with this one institution in 1912-13 reached 47,000.

It matters not whether we turn to darkest Africa or enlightened Syria, the same dire need meets us. "I left Batta," writes a medical missionary on the West Coast of Africa, "for a long walk through Spanish Guinea. I saw people writhing in agony and delirium of death where there is no water given, or fire, or any comforts whatever. They were left to die alone on the hard, cold earth without a drop of water to wet their parched lips. I saw those who



Case treated at Canton Hospital

would surely die if left alone, but who could be saved with treatment. I saw patients covered with witch medicine that could only be cured by the most skillful treatment. They had chains of brass, supposed to be medicine to keep off their disease, but the disease was stronger than the medicine."

A physician at Tripoli writes:

"'God loves little children, or they would die'; so says an Arab proverb. A woman brought her babe, a month old, saying it could not nurse. The under side of its tongue had been burned with a hot knitting needle. This was done to prevent its crying. It was effectual, as the tongue was so badly swollen it filled the mouth. Another mother brought her babe of three months; its tongue had been burned and its tonsils gouged out. To prevent a possible inflammation in the future, a burned place, the size of a twenty-five cent piece, was on the top of its head, to keep off the Evil Eye. The child died, and its mother cannot tell whether it was the swollen tongue, the extensive inflammation of the throat, the Evil Eye or the providence of God which caused its death. Another child had a horrible burn over its stomach to cure the colic. A young woman was steamed over a copper vessel of boiling water, to cure rheumatism, and she was so horribly burned that she will die. The experience of Syrians in America does not seem to cure them of the customs of burning and bleeding to cure disease. Just imagine having a red hot iron run up and down your spine to cure neuralgic pain, which will disappear to-morrow without treatment, then being obliged to go to the doctor to have the burns cured. This is not a fancy picture, but an actual, almost daily occurrence."

No medical missionary sent out by the Board in seventy-five years has ever lacked for patients. The halt, the lame, the blind, the leper, crowd upon him. Whatever may be the excellencies of non-Christian religions, they utterly fail to care for the ills that flesh is heir to.

The non-Christian world is an *ignorant* world. The world to whom the medical missionary goes is ignorant of the simplest principles of modern medical science. The physician, under some name, is present in every land, in every community, but his knowledge is limited and his sympathies perverted. "There is another disorder in China," wrote Le Comte in his Memoirs, "a great deal more dangerous than that they lay to our charge, and that is, that everybody is permitted to practice physic like other mechanical arts, without examination or tak-



Calculus removed by Dr. Loh, a native young woman trained at the E. A. K. Hackett Medical College, Canton

ing a degree." This was true of China in Le Comte's day. It is doubly true to-day in China as well as in other non-Christian lands. The sorcerer, the charlatan, the witch doctor, the exorcists, the medical practitioner of some sort, is everywhere present, and in most cases, inefficient or worse; in many instances the vile concoctions prepared for the patients having no relation to the disease. Surgery is practically unknown. "If one developed a tumor on the back of the neck," quotes a physician in China, "then it grew until the weight in the back of the head was relieved by carrying the growth on a pole. If blind from cataract, blind he remained,—no hospital, no nurse, no trained hand to relieve any case of suffering of the most simple character." In one village, not twenty miles from the hospital at Chieng Mai, Siam, many of the people aver that the white physician will give poison to kill the patient. In India the ignorance is appalling.

"An Indian friend of ours had a cane with a little crook at the end. The virtue of this cane was that, if you put honey on the crooked handle and suck it *the day before you are bitten*, it cures a scorpion bite."

A woman, sorely afflicted with disease, who came regularly for treatment to the hospital at Lahore, was cured. She ascribed her cure to the advice of a friend who told her that when she got a fit she should cook two chapatties and feed them to a stray black dog. She did this twice and was cured.

On account of this ignorance the physician requires unlimited patience in dealing with sick folk in the non-Christian world. The following conversation took place in Korea between a medical missionary and a patient.

Patient: "Are you in peace and how is your precious body?"

Doctor: "I am well, thanks, have you come for medicine?"

Patient: "Yes, your fame as a healer has penetrated to all directions and I've walked fifty miles to see you."

Doctor: "How old are you?"

Patient: "Who, I?"

Doctor: "Yes, how old are you?"

Patient: "Oh! I was born on the tenth day of the fourth moon of the second year of the present King's reign."

Doctor: "I understand what you're talking about but your meaning isn't very clear. Just to show there is no hard feelings between us, please tell me your age."

Patient: "Cawsigy! (an exclamation) I have eaten thirty birthday cakes."

At this the doctor takes a long breath, wipes the sweat from his forehead, and continues with the interrogation.

Doctor: "Where do you live?"

Patient: "Anybody can tell you where I live. Just take the big road and travel until you get nearly in sight of the big temple, turn to the left and there is my house."

Doctor: "Pardon my stupidity, but as I have not lived long in this country, I don't know all the people; so please tell me your village."

Patient: "I live in—magistracy, but don't see what bearing that has on the case; give me some medicine."

Doctor: "If I might indulge your patience a little further, I'd like you to tell me, with as little saliva as possible, when and how the present trouble began."

Patient: "My neighbor has a son Kim who married—"

Doctor: "It doesn't matter if he had a thousand sons. Answer my question."

Patient: "Kim married my cousin and was—"

Doctor: "I see it will be necessary to read up your genealogy and so please bring me any books of literature you have on the subject, and after I inform myself I'll give you the medicine."

Patient: "No, I must have it now. As I started to say, Kim was beating his wife, my cousin. I interfered, and he struck me with his pipe, making a painful bruise."

He is given medicine and others follow.

In a hospital in Persia, a party of Koords tied up the charcoal for their samovar in the bed-spread, having no very clear idea of any other use for which the bed-spread was designed.

Another patient, in the same hospital, had a rooster tethered to a peg driven in the cement floor. The rooster was concealed; his hoarse crow reverberating through the halls being the first announcement of his presence to the astonished physician. In the hospital at Teheran a ten-year-old boy was to be operated upon, and as the operation was not only delicate, but one endangering life, every precaution had been taken against sepsis. The sheets had been thoroughly sterilized and the bedding was new. The boy stood the operation nicely and when the physician saw him the next day all seemed to be going on well. The doctor, putting his hand on the bed, felt something move under the cover. Raising the blanket, out jumped a pet duck and ran across the floor crying 'quack quack!' As the word for charlatan in Persian is not the same as in English, the physician did not feel that there was anything personal in the remark of this Persian duck. The mother, who was nursing the child, upon being asked why she permitted such a thing, replied, with a shrug of the shoulder, 'that the boy's heart wanted it.' Even among officials of high rank examples of appalling ignorance are found. An official in Laos asked a physician to extract a painful tooth, which was so loose it could have been lifted out by the patient's own fingers. On seeing the dental instruments he was much perturbed. The happy thought occurred to him to try it on another. So he promptly ordered a



First surgical operation performed at Kang Kai.
Korea



Part of the vaccinating staff of the Charles T. Van Santvoord Hospital, Lakawn

lesser official, who was sitting near, to have his tooth extracted. This was done under his supervision, and being assured by the substitute that it was not in the least painful, His Highness submitted to the extraction of the loose tooth. Both he and his physician were very much pleased. He presented the physician with a large fee, and his wife sent the physician's wife a silver box; while the incident furnished his large household a topic of conversation for a long time.

It is true that among those who have accepted the Gospel there is a higher degree of intelligence, but not without much ignorance as well. A Christian elder in Korea, a man who quite believed in the use of quinine to cure malarial fever, being ill with fever, was furnished with a quantity of the drug and given specific directions to take several doses each day. When again seen, after a number of days, he was no better. "Have you taken the quinine?" "Yes," he replied, "I take two grains every day." "But that is not sufficient. Don't you remember the directions about taking many doses a day?" "Oh, yes, but taken in that way the medicine would soon all be gone."

A patient in India was given three strips of mustard plaster to apply at home. The next day she returned no better. On inquiry, it was found that she had eaten the plaster at meals during the day. The treatment given by the native practitioner, who is supposed to be better informed than the patient, illustrates the dense ignorance of the people.

"I have heard," writes a physician from Yung Kong, China, "of a new cure for inflammation of the throat, namely, eight cockroaches, each as large as your thumb, taken raw. One woman attempted to remove an ulcer from her leg with quick lime; the ulcer disappeared as well as most of her leg and, as she refused amputation, I suppose she has since died. We have a small flock of goats, one of which we have several times loaned over night to neighbors at their request. It seems there is a certain 'wind' which a child catches, for which a goat, in close proximity, is the antidote. I have no doubt but that the goat effects a change of atmosphere!"

These illustrations, taken at random from many fields, could be indefinitely multiplied. Ignorance is the base of a large amount of the medical treatment given by native practitioners.

The non-Christian world is also a *superstitious* world. Animism, the fear or worship of evil spirits, underlies all heathen religion and dominates all the life of the heathen world. This is not only true of Africa but of India, China, Persia, the Philippines, Siam and Laos, and practically all non-Christian peoples. The god of heathendom is a god of fear, a god of evil. This enters largely into the conception of disease, sickness, disaster, and every kind of misfortune. The witch doctors have a certain worldly wisdom. They know the use of various herbs and plants. Some of their remedies have a curative value, but the greatest ingredient is superstition.

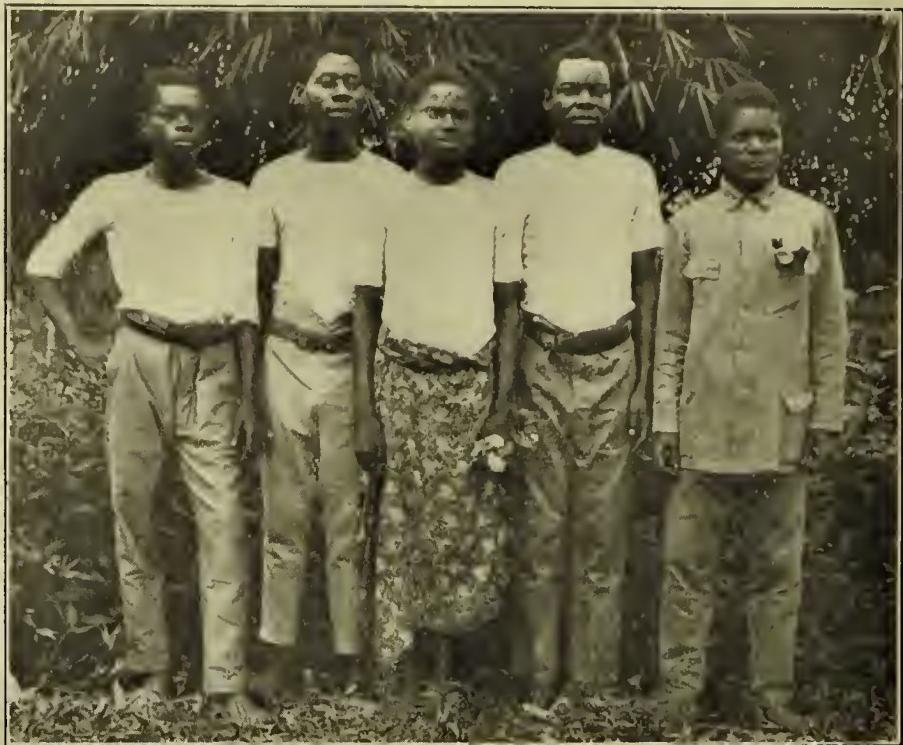
At Leyte, in the Philippine Islands, not later than the year 1912, a woman supposed to be a witch was brought with her child to the missionary physician. Both were frightfully mutilated, cruelly cut with bolos. The woman had a compound fracture of the skull, the brain being exposed. The child's head was also laid open. The superstitious Filipinos in the mountains believed that this woman was a witch. The only way of destroying the witch was to kill the mother and child. The skill of the physician frustrated this diabolical scheme.

In West Africa a missionary was called to see a woman who had been shot. She was a beautiful Bulu woman. Nine days after the shooting she died and was buried in the streets. A witch, which supposedly was taken out of her, was burned in a fire that friends made over the grave.

A missionary in Hamadan, late one night, received a "hurry call" to visit a patient. After a long tramp through mud and slush she reached the home. The patient was unconscious. A very simple operation was all that was necessary, but a group of women, including the mother, refused to allow the operation. The doctor appealed to the husband and to the father, but the women of the household would not consent to allow one of their number to be contaminated by a "Christian dog." The patient died without treatment because of superstition as base and as illogical as that



Medical Assistant,
Kachele Hospital



Dispensary assistants at MacLean Station, West Africa

to be found in the densest African jungle. The so-called superiority of Islam is not apparent to the medical missionary.

Superstition meets the medical missionary everywhere. At the Ferozepur Hospital in India a Sikh woman was brought in, threatened with peritonitis.

"The symptoms were relieved and, on the fourth day, she seemed on the road to recovery. But she had the firm belief that the spirit of her husband's first wife was annoying her. A second wife always wears the picture of the first wife around her neck. It is on a piece of silver. To be sure, all these first wives bear such a wonderful resemblance to one another that their own mothers could not tell them apart. Our patient's husband said her illness began after she had been under a pipul tree, which, you know is a sacred tree. She had heard the spirits whispering in the tree. All the fifth day in the hospital she lay without speaking. A wise man performed incantations over some ashes and she was made to swallow this powder. The next day she seemed better, and answered questions. The ashes had been beneficial! The day after she screamed most of the time and seemed to be fighting something away. She was unconscious the following day, and died in the evening. I firmly believe she was frightened to death by some idea she had of spirits."

This fear of evil spirits dominates the heathen world. The evil spirit is supposed to cause disease. This spirit of the demon must be overcome. This superstition lies at the basis of much misery

and untold suffering throughout the heathen world. A nurse who had but recently arrived in Africa and was ignorant of the language was called to see a woman supposed to be dying.

"I found her," writes this young nurse, "covered with goat and chicken blood. This was supposed to kill the witch that was within her. According to my knowledge, there was not any immediate danger. I expect her to be on the road to recovery in a few days and hope to have her husband become a Christian. He is tall and strong looking, exceptionally loving and kind to his wife, but filled with fear and superstition. The wife is a church member. I convinced him that his wife would get well, and told him (through an interpreter) that there were no witches connected with God's plan in building the human body."

The young trained Christian woman, just fresh from the medical school, was more than a match for the superstition of ages. This belief in the witch or demon being inside the patient has much to do with the treatment of many diseases. The use of the "chim" or needle is common in many Oriental lands as a means of letting out the demon causing the disease.

A medical missionary in Peking writes:

"The Chinese are great believers in what they call



Bride and groom—young man is hospital assistant at Lakawn, Laos



Soldiers injured by cartridge explosion—treated at Severance Hospital, Seoul



Operating on a wounded soldier, Paotingfu

the 'needle method' of curing disease. This consists in inserting steel needles, from an inch to several inches long, into any part of the body where there is pain. One of their most vaunted cures for cholera is running a needle into the abdomen, with the idea of easing the pain. Of course, with this utter lack of anatomical knowledge, the native doctor cannot insert his needles promiscuously into the body of his patient without at times doing serious damage. We had at the same time in the hospital three cases of bone disease—one, of the outer table of the skull; one, of the elbow joint; and the third, of the foot—all resulting from this barbarous practice. Those physicians who practice this 'method' come chiefly from one of the interior provinces. They are supposed, before being allowed to treat patients, to have studied with some recognized teacher, and to have passed an examination as to their proficiency in this art. In the so-called Imperial Medical School in this city (Peking) there is a bronze figure of a man, pierced all over the body with several hundreds of small holes. Each of these holes has its name, and the student practices until he is able, through a garment placed over the manikin, to insert a needle into any given spot, merely by the sense of touch. When called to treat a patient, having located the seat of pain, he must remember which of the little pin-holes in the manikin corresponds to this locality, and then follow the directions given to him for sticking in the needle at the particular place and the witch is released."

A Korean physician tells of what he calls a "record breaker" as far as the use of the chim is concerned.

"The patient was carried to us in a chair, complaining that she could not walk without great pain. Upon examination she confessed to using a Korean chim (needle) and said that she had introduced it into her abdomen, but informed us that this had nothing to do with the pain in her limb. We thought it did have something to do with it, when we could feel the end of the needle in the left side, whose point was imbedded in the muscles of the limb on that side. We did an abdominal operation and removed the needle, which proved to be four inches long. No wonder she had pain when she walked. This is the longest Korean needle I have ever seen removed from a Korean, the average length being from one-eighth of an inch to an inch. She made a complete recovery."

Superstition is not without certain benefits, as a physician in China indicates:

"The resisting power of the Chinese constitution must be wonderful; and ages of contact with filth of all kinds must have developed their immunity to a high degree. In one city the entire sewerage of 100,000 people is collected in the streets to be sold as fertilizer in the spring. If it were not used in this way, it is hard to say what would become of it. Only the universal habit of drinking boiled water prevents catastrophes. Many Chinese believe that cold water, outside or inside, causes pains and cramps of the severest kind, which superstition has kept them healthy and filthy for ages."

The customs of the people, the unhygienic conditions in which non-Christian peoples live, render the work of the missionary most difficult. Native conditions as well as native character call loudly for the medical missionary. Child marriages, plural marriages, ignorance regarding the simplest laws of health, lust and cruelty combine to crush womanhood and childhood. Woman fears the native physician because she has suffered much at his hands. Not until the year 1910 was there found a woman in Peking willing to submit to an abdominal operation in the great Douw Hospital for Women. One woman from the country was relieved



Making native black sticky plaster—dreaded by medical missionaries



A lesson in bandaging, Women's Medical College, Canton

of an eighty-five pound tumor, the woman herself weighing scarcely more than the tumor. A few months after her recovery she came to the hospital bringing one hundred eggs as a thank offering. Her story was often told and proved a great advertisement for the hospital.

Custom, tradition, ignorance, superstition are fast giving way before the medical missionary. The medical missionary is welcomed in many lands. His task is but just begun.

"One interesting fact," writes a physician in '*The Church Missionary Intelligencer*', "not, of course, confined to hospital patients, may be taken as absolutely true; the change in face undergone by those who are learning about Christ. I have seen this over and over again, and, on asking others, they have told me the same thing. Their faces seem positively plastic under the moulding of the Holy Spirit. The dull, unintelligent look that so many of the quite ignorant wear on first coming into the wards, changes in as short a period as two or three weeks into a far more intelligent and bright 'facies,' to use a medical term. We doctors speak of the 'facies Hippocratici,' and the 'facies' of this or that disease but, thank God! this is a 'facies' of life, everlasting life, and not of death or disease."

IMAGO CHRISTI is writ large over the threshold of every dispensary, hospital and home whither the medical missionary has gone.

CHAPTER I.

"THE BLIND RECEIVE THEIR SIGHT"

It is significant that this stands first in the list of works mentioned by our Lord to be reported to the doubting John. Then, as now, the number of the blind was a great host. In China, India, Syria, Persia and in most non-Christian lands blindness is exceedingly common. In China it is estimated that one in eight of the population is blind. A missionary of standing in South China states that blindness is so common that even in a small gathering many partially or wholly blind are seen. The ill-ventilated houses, smoky rooms and unhygienic conditions prevalent in the Orient induce blindness. One physician in Syria of twenty years' experience, reports 2,000 operations for cataract. In the volume "Twenty Years in Persia," there is a record of a native physician from Hamadan who came to the hospital, led by his little boy. "For the sake of God do something to restore my sight," cried the blind man, "for although my son leads me by the hand, yet for two years I have not seen his face." An operation for cataract made it possible for him to look upon the face of his son, to take up his medical practice and to support his family.

The last medical missionary sent to Persia, in 1912, writes:

"All I can say is that I fervently thank God every day that I was allowed to come. I've never been happier. I love it. I have been here seven and a half months now.

. . . I've never had such satisfaction in my life. This giving sight to blind people is wonderful. A blind girl came twelve days' journey. We operated on both eyes and both turned out well. Where is the sacrifice to have this privilege?"

In the Orient blind beggars roam everywhere. They live on streets, in hovels, in out-of-the-way places, dependent on the gifts of the benevolent. It was the sight of these multitudes of blind ones that smote the heart of the son of the Scotch miller, W. H. H. Murray, and led him to teach hundreds of blind to read. He estimated that there were 500,000 blind in China.

The first operation in the "David Gregg Hospital for Women and Children", in Southern China, was on a woman who had cataract in both eyes. "When I removed the bandage in due time after the operation," wrote the missionary physician, "I held up my five fingers, and asked how many could she see. She replied 'five, but I want to see you.'"



Cataract case, Tripoli

It is the same story everywhere: "The blind receive their sight" and turn to the giver as one sent of God.

A pious Moslem was brought to one of the mission hospitals in Persia. He came convinced that a merciful God would use this means for the restoration of lost sight. He said to the physician:

"Doctor, can you read? . . . Well, then you know what blindness means to one who has not seen for three years. All the people of the village used to bring their notes and deeds to me and I often read our holy books to them, but now except for the little I have memorized, I am as much of an animal as any of them." The doctor adds,

"He was fond of discussing religious themes, and soon demanded that prayers be conducted daily in his room. On the day that I had promised to let him open his eyes and see if the operation was a success, he addressed me, very seriously, saying:

"I have a petition. I wish the words of Christ, in the New Testament, to be the first thing that my opened eyes



Cataract cases at Caroline A. Ladd Hospital, Pyeng Yang

shall fall upon, but am unprepared to-day, for since you operated on me I have not been able to shave and wash my head, and undergo all the necessary relations to an effectual prayer."

"I told him I could arrange for that by leaving a single band over his eyes. When he was ready I removed this band and held the Testament before him. He could easily see the title New Testament or New Boncise, as it is in Persian. Repeating this and assuring himself that he saw every letter, he raised both hands toward heaven and uttered a most fervent and touching prayer of gratitude to God and to 'His Holy Spirit, Jesus Christ'."

At times the gratitude is bound up with the cure in the thought of the patient. A woman sixty-five years of age entered the hospital at Taiku, Korea. She was blind in both eyes. "Do you believe in Jesus?" she was asked. "No," said she, "but if you can cure me I will." She was cured. One day she walked into the prayer meeting and when the meeting was over said: "God has given me back my sight, and now I am going to believe in Jesus." Her son and daughter also became believers.

At times patients cannot express the joy at the blessing obtained. The hospital at Andong, Korea, was opened in 1912. One of the first operations was an old woman led by the hand to the hospital. She plead with the missionary to give her back her sight. She stated that her son was only a little lad when blindness shut out her world. Now, he was a man grown; if only she could look upon his face again, like the ancient prophet, she would depart in peace. The cure was complete. "I can see you," she joyfully cried to the physician and the nurse, "and when my son comes, I can see his face, too. I thank God who has given me this great blessing."

The testimony is not always as clear. The gratitude is not always expressed so fully to the great Giver of all good. Two blind men were cured at a hospital in Korea. One wrote:

"The noted foreign Doctor, having come to the east, has rescued so many that we cannot begin to write about them all. His wonderful supernatural skill was not known heretofore. Sad to say, I had been blind for several years, and was feeling a good deal of remorse because there was not a physician who could restore my sight, when I met this noted doctor, who, by the skilful use of instruments and medicine, made me to see again. Although such grace cannot be estimated or repaid, I, who never expected to see again, by means of these few lines, wish to write my praise, with many others who have been brought to life again. The more I think of my wonderful cure, the more I am convinced that it was not by any magical art, but because of virtue. If you look to the east when the bright moon rises, the clouds roll away, and it becomes clear and distinct; but although I struck and beat my eyes, I could not remove the white covering which

darkened them. Is there a Physician in the east who knows the great art of healing? Yes, one who has mastered the law of using instruments and medicine until there is nothing more to learn. Before he came, even bright noon-day was darkness; after he removed the cloud, my eyes were clear and bright. How can I write of my joy? Such grace increases as the day goes by. By rubbing and polishing a tarnished gem or glass it shines as new. Was it because of any virtue of mine that God sent a Gem-polisher? Virtue manifested itself in the skilful use of instruments and application of the art of healing. Therefore I am happy, and by these few lines praise the virtue of the Honorable Physician."

The need of the trained physician whose heart has been touched by Divine love, is everywhere manifested. In many lands blind boys are educated to tell fortunes. Nearly all the sorcerers in



Eye patients, Changteh, Hunan

Korea are blind men. In China blind girls are commonly sold to depraved women who traffic for immoral purposes with these helpless victims of ignorance and greed.

In a village eighty miles from Tengchowfu, China, a little boy of six years old was found totally blind. His mother said: "His eyes were sore for a long time." The physician asked: "Why did you not go for treatment?" The sad reply was, "We did not know." A merchant tries all the Chinese doctors he knows. He is not helped. He goes to the Christian hospital, studies the truth while there, promises God if cured he will serve Him. He

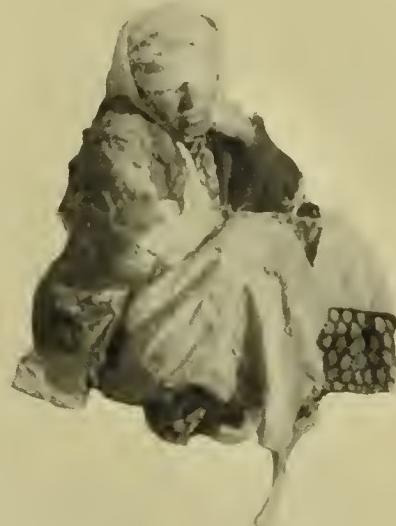
returns to his home in Shantung cured. To-day his entire family are Christians. He has built a school-house, his children are taught the truth, and when leaving on a trip he said to his family, "Learn all you can about Jesus, of His power to heal."

No sadder task falls to the lot of a missionary than when confronted with hopeless cases, especially as many of these have been rendered helpless because of neglect or of the ignorance of the native physician. One day a man appeared at a mission dispensary in India totally blind. His story was soon told. Some weeks previously, his eyes having been inflamed, a friend advised him to put in a few drops of nitric acid!

The loving affection of parents for children is not confined to Christian lands and Christian homes. The heathen father and mother are solicitous for the child, quite as much as the Christian. There was brought to one of the Mission hospitals in Korea a little lad five years of age. His parents walked all the way carrying the boy a distance not less than one hundred and forty miles. The story was soon told of how the child had been ill with measles, the eye had become inflamed, swollen and protruding. "We have only two yen (\$1.00), said these afflicted parents. "It will cost all of this or more for food on the way home, but if you can free our boy from this eye disease and suffering and pain, we will gladly beg our way for the journey home."

It is the human touch of the healer, the sympathetic word, the pointing upward to the Great Physician which is often a source of great blessing even when the skill of the physician is unavailing. The missionary has been the pioneer in this great work in practically all non-Christian lands. It was the sight of blind singing girls with their mistresses, wandering at night through the streets of the great city of Canton, that led a missionary to start a school for the blind, which has been not only a source of great blessing to those who have come within the immediate sphere of its influence, but an example and incentive to the Chinese nation.

"Just outside Canton City wall," writes this servant of the Lord, "is a village for blind people. Here they can live and receive a few cash daily from the government, but not enough for a meagre support. This they are allowed to eke out as best they may, and most of them beg in the streets of Canton. No instruction is given them. Some of the blind make their living by fortune telling. Blind singing girls, gaudily dressed, go upon the streets at night and bear no good name. They are owned by mistresses who often treat them most cruelly. My experience



A blind pauper, Syria

as a physician in a hospital has compelled me to know the sadness of their lot. One patient begged me to say she could not recover so that her mistress would desert her.

"When little girls were brought to me for treatment whose eyes I must pronounce incurable, I feared these words might consign them to the lot of the blind singing girls. It is due to my mother's interest that I was enabled, and felt impelled, to rescue several such little girls who were about to be sold. In 1891 we opened our school with four pupils."

The work developed marvelously. In 1911 there was the formal dedication of the new building which had been erected largely through the contributions of the Chinese themselves. Former pupils and graduates, with friends and government officials and representatives from foreign nations, wondered at what they saw



Blind children from Dr. Mary Niles' Home, Canton

and heard on that day. The blind girls recited the 24th Psalm. One blind girl of seventeen presided at the organ. Two graduates wrote from the Chinese classics, using the old-fashioned frame and stylus, while others used the Braille typewriter. Most interesting of all, one of the graduates delivered an address. We quote a single paragraph:

"This is a very joyous occasion. Why are we so happy? Because we are taught as well as cared for. China always has had many schools, but it never opened one for the blind. The missionaries have come from the West bringing this doctrine: 'Let this mind be in you which was also in Christ Jesus.' He helped the blind. The school is finished, and my heart thanks God for His mercy. I would like to give a word of admonition to those who were my fellow-students: Be diligent to learn. Formerly there lived a woman blind as we are. At that time there was a king whose heart was black. He killed all the scholars and burned their books. The blind woman picked up one of the books and saved it. She did not know the value of it. Afterward some one saw this book

and recognized that it was very precious. It was the teaching of Confucius. So it is the wish of my heart, that as this blind woman kept for others the valuable teachings of Confucius, we may preserve and show the doctrines of Christ to China."

Another graduate said:

"Not only does it show the love of Jesus, but the school for the Blind shows what fervent, glowing hearts that believe in Jesus can accomplish when combined with hands that work with all the strength given them. We are taught to stand firm in the doctrine and we are allowed to help in the advancement of the Church."

A distinguished Chinese said: "Though there are many new schools open, none are of more value or so necessary as this school for the blind. China should exert herself and help that so great a design should not be frustrated for lack of her assistance."

The graduates of this school are teaching, serving as Bible women and as nurses, and one is a masseuse. Nearly all are followers of Jesus Christ.

"Are we blind also?" said the Pharisees long ago to the Great Physician. Many a one in non-Christian lands whose *physical* eyesight is not restored, sees with far-reaching *spiritual* vision. Wang, of Chong Jong, Korea, had been a *chungnim*, a sort of a devil priest and sorcerer. He went about deceiving his poor superstitious neighbors, making them believe that it was through his intercession they would be able to escape the wiles of the devil. He succeeded in wringing many a yen from these deluded people.



Man cured of blindness leading friends to hospital, Changtch

One day he heard about the Light and his dark soul was illuminated. He was told of a Bible for the blind. It set him thinking. He invented an alphabet of his own. He journeyed three hundred miles from his home in the south to the school for the blind at Pyeng Yang, in the north. He learned to read and opened a school for the blind. "*The blind receive their sight*" in Korea because of the light which has come into the soul of him who was once the blind chungnim (devil priest) but is now the moksa (teacher).

The China Medical Association, embracing practically all the foreign medical missionaries of China, has addressed itself to the task of issuing leaflets, arranging for courses of lectures giving attention to hygiene, bathing, ventilation in home and school, and endeavoring to bring to the great masses of the people the knowledge which, if properly used, would diminish greatly the number of those who walk in darkness. When one considers the vast work done by the medical missionary for this one type of suffering in a single land like China, it is no wonder that the spirit of Christianity has made such a favorable impression on all classes of society. A foreigner, traveling down the Yellow River, a score of miles from Tsining in a house-boat, overheard a conversation between the boatman and a Chinese passenger. They were discussing missions from a thoroughly Chinese point of view. Said the passenger: "I do not believe in this foreign doctrine, nor have I any use for these missions in China." "Well," said the boatman, "you evidently have not been in Tsining. I went there to the hospital blind in both eyes, and they cured me. *I believe in them.*" This story is repeated in many lands. It is still true as of old, where the servant of the Master goes, "*The blind receive their sight.*"

CHAPTER II.

"THE LAME WALK"

The medical missionary to-day, following closely the footsteps of the Great Physician, goes about "healing all manner of sickness and all manner of disease among the people." The phrase, "the lame walk," is descriptive of the manifold blessings which lie in the wake of the medical missionary,—the bread-winner regains his health, pain is driven from the body of the weary sufferer, new life and hope come to those who have spent all their living on native physicians, and are nothing better, but rather the worse. This is epitomized in the story of Laxman, the Indian boy, the son of a haughty Brahmin government official. This lad of eight years, worn and weary after three years' suffering with fever and pain from multiple abscesses of the bones, so that he was unable to walk or hardly to move upon his couch of pain, was brought to the bungalow of the physician in a dying condition. After much persuasion the father consented to an operation, but refused to permit his son to remain in the hospital afterwards because of his fear of the ghosts. After the operation the little lad was too weak to be moved. The only condition under which the parents would consent to his remaining in the hospital was that a guard of three men be provided to keep off the ghosts. No ghosts appeared. The boy made a splendid recovery. As he left the hospital he said: "When I grow up I am coming back to become a Christian and a doctor."

A young Brahmin woman of the very highest caste, after an operation in the hospital, which gave her full use of her limbs, was so overjoyed and so grateful that she confessed Christ. She is now in a Nurses' Training School fitting herself for a life service for India. The devoted servant of Christ represents a relation so new, so unique, so different from anything the non-Christian world has ever known, that hearts are softened, prejudices broken down and the way opened for the truth. In the majority of cases, the native physician is either helpless or a charlatan.

"Almost every day," writes a physician in charge of one of the Korean hospitals, "some variety of partial paralysis is brought to us. At one time it is a leg or an arm and the patient limps or he carries his arm in a sling. Again, it is a part of the face, the mouth has gone to one side, one eye cannot be closed, and is intensely irritated and sore, due to constant exposure. All varieties come, and hearts are sad, for often we can offer little relief. Cases due to syphilis may be cured, but in many patients whose disease found its root in early years, due to improper food, we can do little but relieve pain. When a cure is effected, the news spreads and we are overwhelmed with patients."

A leaf from the diary of a medical missionary in Hainan reads not unlike a chapter in the Gospels.

"All day long we looked at the lame, the halt and the blind; all day long we looked at little old women with cough, and little sun-tanned sailors with rheumatism; looked at children with stomach-aches and looked at chronic cases of foul sores. All day long we did what we could, and some we directed to go to the hospital. At times, when we got too tired, we turned the serious A-mang loose on the crowd and he attended to the selling of his books and to the talking of the doctrine. At the day's end we would stop and go to the river, that flowed to the sea, and lie on the bank, but the crowd would follow with their aches and pains. We could only smile, shake our head and say, 'Too tired, come to-morrow.' We did this the next day and the next. When Sunday came, we turned out the rabble and filled the little chapel with Christians. We stopped at a monstrous banyan tree. Sawyers of wood were underneath. One called out, 'Here is the doctor who cured my leg; call the man with the double cataract and the man with the tumor. They came and said they would go to the hospital if they could be cured. We sent them to the hospital and passed on."

A case of tubercular knee—parents were about to throw her into the river—rescued by missionary



In cases of accident or sudden injury the helplessness of the native practitioner is in striking contrast to the efficient service of the missionary who often can give instant relief.

"I opened a dispensary a month ago," writes a new missionary in Western India, "in a mud-floor room, which serves for reception-room and consulting-room; it even served as an operating-room three days ago when a boy was brought in who had been injured by an ox kicking him. I boiled a needle and thread, laid the boy on the floor, put in the necessary stitches, my compounder giving the anesthetic. Things were not perfectly aseptic, but the wound is doing as well as though it had been done under more rigid rules of surgery. The mother is very grateful."

Surgical treatment is almost unknown in non-Christian lands, and the work done by the surgeon is often so wonderful to the native mind that expectations are aroused that cannot be realized. A man was brought sixty miles, carried on a bed by his relatives, to the Hope Hospital, Hwai Yuen, China. The examination showed compound fracture in a state of sepsis such as one never sees in America, the wound being alive with maggots. The only treatment that could be offered was amputation, and this was accepted at once after a careful explanation had been given. When the oper-

ation was complete and the patient was back again in bed, a brother came and asked why the leg was not put on again. They had understood fully that it was to come off and were inclined to protest bitterly that they had been betrayed, since they thought it could be replaced. Their reasoning was logical, since a year before a neighbor had a similar but less severe injury. It did not require amputation, albeit, it was their supposition that the physician had removed the leg, treated it and then replaced it. After a long talk, however, the family was convinced that the life of their relative had been saved and they returned home grateful. Even if everything is favorable, the result of an operation, from a medical point of view, is often rendered doubtful because of the after treatment of the patient by his friends.

The demands on the time and strength of the physician are so great that it is not possible to give the attention to individual patients that many cases require. The physician, like the Divine Master of old, has "no leisure, not so much as to eat."

A day's work at Paotingfu is thus described:

"A visit to the sick at the Provincial College, then to the mother of an army officer in the city, returning, performed an operation for cataract on a patient sixty years of age; then attended Station Meeting. Returning to the hospital removed a large cyst from a man's face, swinging from a cavity in the upper jaw. Followed with a reading up of the case at home, while eating lunch. After eating lunch, visited the Woman's Hospital, to remove a tumor from a six-months-old babe. Proceeded thence to a clinic, on which a beginning had been made by the native doctor, operating upon two cases which had defied the army surgeon. After dinner, darkness having come, went to the hospital to attend to a man who had been run over by a heavy cart."

This is not a unique case. It is practically duplicated in every hospital and dispensary in non-Christian lands. A day in Louisa Y. Boyd Hospital at Tsinanfu is replete with varied acts of mercy.

"A crowd was gathering before the gate of the Louisa Y. Boyd Hospital for Women. The hour for opening had not yet arrived, but the Chinese know very little about time; they knew it was past noon and the gate would be



Double amputation from foot-binding

open some time after that. At one it swung open and the halt, the lame and the blind came as best they could into the waiting room. But there is not time to show you all the cases, so we will ask that queer little creature, hobbling by aid of a heavy stick and the help of a pleasant-faced woman, to come in. Upon inquiry we find that she is a slave girl about twelve years old, bought for a small sum by a wealthy family and used as a toy, a tool, or a drudge, as circumstances may warrant. The result? A wrecked body, a timid, shrinking little creature full of aches and pain. Her attendant is a servant in the same home. I examined the awful ulcers in the little body, some having eaten to the bone. I carefully look at what ought to be called feet but are now black, sloughing, awful masses. The servant asks whether I can cure her or not and my heart sinks, for she is almost past help and I know that, unless she can be cured and made whole, she will be cast aside and left to slowly starve to death. She would have a better chance for life were one foot amputated, but who would want a maimed creature like that—starvation would surely be her lot then. So with a conservative diagnosis to be taken to the mistress, the little one is cared for as tenderly as possible, for she is timid and shrinking and frightened at being made much of. We

can only send her home with a prayer that He who loves these little ones may soften the hearts of those who have this little life in their keeping and insist that they send her daily for treatment.

"Then we must turn to the next patient, for twenty-seven more are waiting and I must get through in time to take an hour's ride across the city in a sedan chair, to see a baby already probably past help because the parents tried all other means before calling in the foreign doctor."



Dispensary cases

Emergency cases tax the skill and patience of the physician. A patient, for example, drinks ammonia liniment instead of rubbing it on his leg. As he expressed it, his "insides were very much spoiled," and the physician greatly perturbed. Many put off coming to the doctor until all hope is gone. Some expect to be cured in two hours by the clock.

"I gave a boy," writes a physician in China, "some medicine at 8 o'clock A.M. At 10 he asked the teacher of the school for permission to go home as the medicine had not done him any good. Yet this lad will wear, month after month, sticking plaster, which

has absolutely no curative value, but the reverse, with a child-like faith in its ability to remove his pain."

At Chung Ju Korea, a woman came to the dispensary with a collar-bone which had been broken the year before and had united badly. As a result, she had little use of her arm. The operation was most successful and the result satisfactory. Three weeks after the operation she went home. Her mother-in-law, in order to be sure the doctor had done his work well, grasped the girl by the arm and pulled and twisted and jerked until the victim groaned in agony. Having assured herself that the foreign doctor had done well, she accepted the daughter-in-law but forgot to pay the doctor.

At the same hospital in Chung Ju, one Sabbath morning, a man and woman came running to the dispensary. In their arms they carried a little babe. They cried that the babe was dying. It died in the afternoon. The child had no clothes, no coffin, nothing. There was just a little naked body to be interred in the cold earth. A song service, prayer and Scripture reading, then the father, with a spade over one shoulder and a cracker-box on the other, went out on the hills to bury the body of his little one, who might have been saved had she been brought to the hospital in time. It is just such cases, and they are very numerous, which smite the heart of the missionary physician.

On the other hand, a single successful operation and kindly treatment on the part of the missionary bring large reward. "About the first case I had," writes a missionary in charge of the hospital in Pyeng Yang, "was one of slow gangrene of the hand, requiring amputation above the wrist. The case was a pitiful one and came to me the first week I was at Pyeng Yang. The man had been begging through the town for some weeks and was widely known. The cure was complete. Following this case was one blind for eight years from a cataract. The successful operation was soon noised abroad. A few such cases extended my reputation, so that one thousand patients a month have been my rate ever since."

"The words, 'treatment given,' " writes one of India's missionary doctors, "cannot show you the tired mother who has carried her five-year-old boy on her head from a village miles beyond the Jumna River. As she deposits on the floor the basket in which she has carried him, there is a look of triumph on her face, for now she feels that he will soon be well. Happily his disease was amenable to treatment and the poor woman soon went home rejoicing, carrying with her a copy of the Gospels and a book of songs. Generally the people are most grateful and it is a real pleasure to work among them. The thank offerings have been almost as many and varied as the diseases, extending all the way from candy and eggs to pariah dogs."



Elephantiasis,
Philippines

It is the restoration of health, the ability to do his daily task, "the feet and ankle bones receiving strength" that produce such a profound impression. It is the argument irrefutable of a visible, practical Christianity.

On the Bay of Bengal, coast of Malay Peninsula, a missionary found a crocodile-bitten patient. All that could be done was to make a pair of crutches, the first seen in that region. From lying on his back, helpless for seven years, he is now an active, independent member of the community. At baptism his name was changed from "Dog" to "Happy". His mother was baptized with him, the first woman to accept of Christ in Panga on the Bay of Bengal.

The number in mission lands of helpless ones, the lame who have been made to walk, the "dogs" who have become "happy" is legion.

CHAPTER III.

"THE LEPPERS ARE CLEANSED"

Leprosy is the open sore of the non-Christian world. Cases of leprosy in Christian lands are rare; it is still the "scourge of the East". If the Divine Master should walk again the land consecrated by His presence, the cry of the leper would still ring in His ears. In India, in China, in Korea, in the Philippines, in Persia, in the lands untouched, or but partially touched by the Gospel, leprosy is still a menace.

A physician of Southern Korea writes: "A missionary soon realizes that India is not the only country which has its 'open sore'. On every side, and in all stages, lepers are to be seen. They occur principally among the poorer classes, those who live in most unsanitary conditions, with dirt and insufficient food."

Lepers are numerous in China. In Canton lepers have lived for generations in small, low-roofed fishing boats on the river, or in the leper village outside the East Gate. Everywhere they are a menace to the health of the community, largely through the negligence of the officials and the indifference of the people.

It is a little more than a generation ago that a young missionary in India, overwhelmed by the number of lepers whom he saw, and the utter lack on the part of either the Government or the native peoples to deal adequately with this terrible disease,—returned to England to plead the cause of the leper. His appeal was heeded; out of it came "The Mission to Lepers in India and the East," whose beneficent work now extends as far as this curse is found. It has in India alone, no less than fifty-nine institutions for lepers. This Society, the Government and the missionary are working together in a great effort to "cleanse the lepers." The missionary has led the way. Lepers with open sores on hands and feet may be seen everywhere, throughout cities and villages in the Orient. The women of a leper village will dry flour in bamboo frames, turn over the meal with their diseased hands, shell peas from nearby gardens, cultivate vegetables, and sell them indiscriminately, save where the missionary, or the Government, spurred on by



"No attention paid to it"—a Syrian leper

the missionary, or the Government, spurred on by

the missionary, interferes. The native has no adequate method of dealing with leprosy. The Chinese doctor says, "Leprosy is the result of the stoppage of the air holes of the skin, and the putrefaction of the blood." Native remedies for leprosy are limited. Sometimes, as in Siam, the leper is rubbed with a hen's egg while the spirit doctor calls on the germ of the disease to leave the patient and enter the egg. The egg is broken and the yolk examined, and this operation continued until the germ is discovered.



New cure for leprosy being tried

lepers in an open compound. When all the lepers were crowded in one great compound, his soldiers were ordered to shoot.

Dead, dying, maimed, wounded, alike, were thrown into a large pit, covered with oil and burned. A proclamation was issued rebuking the Christian missionary for furnishing food and medicine to these "outcasts who menace the life of the community"; and extolling the work the Governor had done "for the preservation of the health of his fellow-countrymen." Most native peoples now recognize the desperate condition of the leper. Children sent to the missionary physician are told by their parents, if the diagnosis is leprosy, to go and drown themselves.

The barbarous methods of native doctors add not a little to the work of the physician. A Korean had a small abrasion on one foot. It did not heal rapidly, so the native practitioners applied the "sook," a little cone of sulphur and dried leaves, placed on the sore and

Forty years ago the officials of Canton erected an immense mat shed in the open parade grounds and invited the lepers to come to a feast. In the midst of the festivities, the shed, soaked with kerosene oil, was ignited. The soldiers bayoneted those who escaped the flames. This was in old China. But in 1911, a decade after the Boxer outbreak, when China was beginning to take her place among the nations, an official of Kwang Si province, by fair promises, gathered a large number of



Lepers just beyond Hospital Gate, Kaehek, Hunan, China



Lepers in Laos partly supported by Christians of Lakawn

set on fire. This was naturally followed by a scar. "Alas," cried the patient, "this is the beginning of 'poong pyung' (leprosy)". The native doctor was called and applied a much larger "sook" and then continued one after another, until the foot was deformed, raw, bleeding, a menace to the life. Then he was brought to the hospital. Amputation followed, and he is now a happy Korean evangelist. He never had leprosy, but the fear of it led him to seek the native physician with the dire results indicated. The scientific, systematic and sympathetic treatment of this disease by the missionary has wrought wonders for the leper.

An asylum was opened for lepers at Miraj, India, a few years ago. The latest results of medical science, coupled with the most unselfish Christian service, is here, as in many similar institutions, freely given.

At Allahabad, India, is a large compound, inside which live 250 men, women and children of the leper caste. Substantial buildings of brick, with concrete floors, have replaced the thatched huts of former years. Everything that modern science and Christian sympathy, aided by Government assistance could do, has been done for these poor lepers. The missionary in charge, whose hobby is gardening, has used his knowledge to good effect in teaching the lepers how to cultivate the fruits of the earth. Each one is given a plot of ground to cultivate, prizes are awarded, and the health of all greatly improved because of the labor of the husbandman. A visitor who wished to photograph a group of inmates was startled by an exclamation of an old man. The pathos of it all came home to him when the interpreter said, "He says he would like to stand and oblige the young sahib, but his feet are gone." Science and sympathy here are doing their best to "cleanse the leper." A church, a school, a hospital, separate dormitories for women and children, and for untainted children of lepers, attest the thorough character of the work at Allahabad.

One of the striking recent additions to the Asylum is the new home for the untainted boys of leper parents. There are a number of little children from two to three years of age living with their leper parents. An observation ward has been built for these little tots where they will be separated from their parents and under close medical supervision for six months before being sent over to the Home for untainted children. Experience has taught those in charge that in many cases the children can be saved.

Children of the Home for Untainted Lepers



Children of the Home for Untainted Lepers

A Hindu student of the College at Allahabad, said to one of his instructors, "I have just come in from a walk across the river and have heard those lepers sing, for whom we Hindus have done nothing. I am not ready to become a Christian, but I do love Christ. I have seen what faith in God means to his followers." While this institution is larger than many of the others, and while the work carried on here is more extensive because of large Government aid, yet the institution at Allahabad is typical of what the missionary of the Presbyterian Board is doing for the leper in many places in India and in all mission lands.

There is no asylum for lepers in Persia, but there is an isolated colony of lepers a day's journey from Tabriz where food, medicine and clothing are provided by the missionary. Islam has no place for the leper.

Nowhere has the work of the missionary more clearly allied itself with the work of the Divine Master in "cleansing the leper" than in Siam. In spite of the fact that the rulers of Siam for more



Korean leper boys

than a generation have been enlightened men who introduced many needed reforms, practically nothing was done for the relief of the large number of lepers in the Kingdom, till the Presbyterian medical missionary undertook the task. On June 20th, 1913, within sight of the historic banyan tree, under which, in April, 1867, the pioneer missionary to Laos spent his first Sunday, there was organized a Christian church composed entirely of lepers who reside in an asylum situated on a nearby island in the Chieng Mai River. At the same time another church was organized on the main land. The members of two churches met together in a large temporary booth on the leper island, and here the clean and the unclean, now all clean in God's sight, sat down under the same booth to receive the Holy Sacrament. It was the climax of long years of labor. The medical missionary years before asked that he might open an asylum for lepers on the Island but he was refused. The island at that time was the home of one of the sacred elephants belonging to the royal family. After the death of the elephant, the request was granted and the asylum opened. The Island Asylum contains six brick cottages, sheltering 105 lepers,—happy, contented, hopeful cheerful, many of them relieved from much suffering and pain, some of them being partially cured of their disease, and all feeling the touch of the Christ hand through His servant. The story of the Chieng Mai Asylum is a Gospel story, "John heard none more wonderful from the lips of the two disciples he sent to the Master."

It is said that leprosy begets self-consciousness and discontent. It is true, but the Christian spirit drives this even from the leper. In this asylum is a leper woman, a former slave, who was found ministering to the more needy women and praying for them in their extremity. The head teacher, himself a leper, takes special interest in visiting and caring for the more helpless men. One afternoon, in the year 1913, the missionary physician sat down at a tea-table and, taking out of his pockets a little pile of money, said: "This is the most precious money I have ever handled." The 18 rupees were contributed by the lepers of the Chieng Mai Leprosy Asylum out of their small weekly allowance and at their own request were used to pay an evangelist working in the country villages. The leper has often a bitter experience ere he reaches the asylum. A Kamoo, driven by starvation and want, found his way to the island. With a chisel and a knife he had amputated three of his toes, since they were so badly diseased that they hindered locomotion and caused intense suffering.



An African leper

One old woman, reduced almost to a living skeleton, deformed, disfigured, every digit on both hands gone, was found weeping bitterly. On inquiry it was learned that her tears were not for herself but for her children, whom she had been compelled to leave. This old saint said to the missionary, "How cheering it is to see you come."

No remedy has yet been found for this fatal disease. But no leper has been found so unclean in moral life that the Gospel could not cleanse. The story is all told in the life of Um Ho. Um Ho ("exchanged for the good") was the name of a blind singing girl who, because of a diseased limb, was brought by her mistress to the Canton Hospital in the year 1893. Amputation was necessary. Her mistress refused to permit the operation. The limb not healing, the mistress released all claim upon her and amputation was performed. In 1897 it was discovered that she was a leper. Formerly a singing girl, now blind, one limb gone, and a leper. Of what use could she be in dark China. She found Christ while in the hospital and, encouraged by the example of leper workers in India, began to work in a leper village near Canton. She led many to Christ, organized a church, was enabled to erect a beautiful chapel, and died a triumphant death. The missionary follows closely "in His steps" when he seeks "to cleanse the leper."

CHAPTER IV.

"THE DEAF HEAR, THE DEAD ARE RAISED UP"

The missionary in non-Christian lands is a miracle worker. "A Modern Miracle" is the title of the Report of 1902-03 of the School for the Deaf, Chefoo, China. It is well named. This school has wrought a "modern miracle." It is stated on good authority that there are four hundred thousand deaf persons among China's millions, for whom there is no place in the economy of the country. To reach a few of these "shut-out children" of China the school for the deaf at Chefoo came into existence. It was born in the thought of a missionary, and the first pupil received in 1887 was supported by the "Silent Workers," a band of deaf children in a school for the deaf, Rochester, N. Y. Patience, skill, the use of the latest and best methods, charts, blackboard, lip-reading, writing, even in one case a blind, deaf girl taught by the finger touch,—all these, combined with a Christian spirit, have wrought one of the modern miracles in the Republic of China. The grounds and buildings, beautiful and spacious, give no idea of the extent and far-reaching influence of this deed done in the name of the Master. At Pao-tingfu, Hangchow, Pyeng Yang, Korea, and other places in the Orient, similar institutions have

sprung up, taught by pupils trained in the Chefoo School. Nor is this strange. A single example will suffice. A Chinese father, hearing of the school, brought his little deaf lad. The missionary in charge, after examination, asked that the boy be left with her. The father refused, saying the mother would not permit. The boy was taken into the schoolroom. One of the pupils, a boy of his own size, went to the blackboard, explained the phonetic diagrams, and spoke the words he knew. The strange boy watched him. The teacher put her hand on his throat trying to teach the pupil to articulate. She repeated the word for father. "Immediately, without hesitation," writes the teacher, in a sweet, clear voice, he imitated me. I wrote father on the blackboard. His face lighted as he pointed to the character, then to his father. I had to speak the word again. He understood. He said "father." Tears filled the father's eyes. He had heard his deaf and dumb child speak his first word and that word was "father." Wiping his eyes he said, "I will leave him."

At the close of an exhibition at Soochow, where the pupils of



Rescued waifs

the school demonstrated their ability to speak and write with great fluency, a stranger walked up to the blackboard and wrote: "I think the religion of Jesus Christ is the best." Others said, "Only the Jesus people do such work as this."

The American missionary in China, longest in service, states:

"No pagan nation ever originated a systematic method for relieving the deaf, blind, or insane. What Christians have done for all these classes appears to the Chinese as little short of miraculous."

The John G. Kerr Refuge for the Insane, born in the heart of him whose name it bears, in the year 1872, still remains the only asylum for the exclusive treatment of nervous and mental diseases in the Republic. The treatment of the insane with hygienic and cleanly methods, by regular feeding and bathing and without restraint is a standing marvel to the Oriental. His methods are cruelty, filth, chains, improper feeding and neglect. All classes are represented, from the official to the beggar in the street, Manchurian soldiers, students, business men, criminals and even imbeciles, since China makes no provision for these and the kind-hearted mission-

ary cannot turn them away, have received the most advanced scientific treatment coupled with Christlike sympathy and tender care, which only those can give who have been with Jesus and have learned of Him.

In many other ways the missionary has wrought wonders for the relief of the suffering ones in non-Christian lands. The missionary, like his Divine Master, has brought life out of what seems to be death. "The pestilence that walketh in darkness and the destruction that wasteth at noon-day" has been stayed by the Christian missionary. Famine is all but vanished from Christian lands.



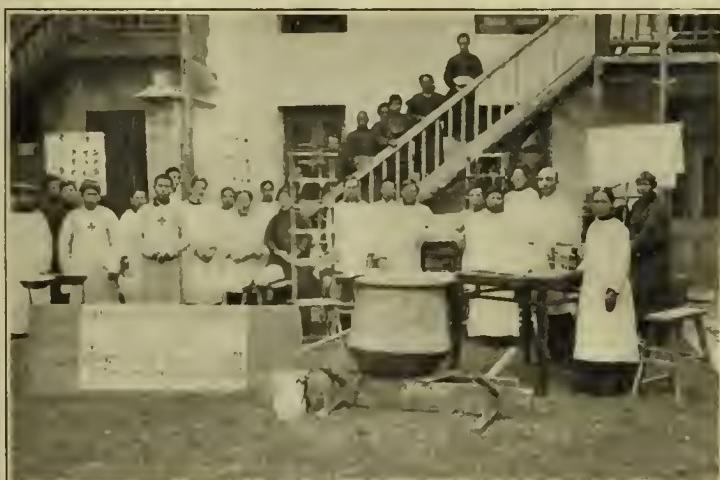
"Cheerful under difficulties"

A carefully compiled list of famines occurring in the Chinese Empire from 1500 A. D. to 1907 shows that there were 55 severe famines within that period. The missionary has always fought famine. In the severe famine which swept over Central China, October, 1911-June, 1912, the missionary was the leader, as he has been for three generations, in providing famine relief, and in aiding in carrying out measures to prevent famine in the future. The Report of the Central China Famine Relief Committee, prepared by one of the missionaries of the Presbyterian Board, is like the alabaster box of ointment whose fragrance fills the world. The Chinese have a proverb: "The door of benevolence is hard to open." The Christ hand, through the missionary, has opened the door.

In Central India forty per cent. of the population were swept away in a great famine a few years ago. "It was harrowing to see so many die off," said the medical missionary, who had given up his vacation to relieve the sufferings of these starving people, "even after reaching relief because they were too far gone to rally their strength to digest even the simplest food. I had charge of the orphanage in which were gathered eighty boys and girls. It was heart-breaking to see the little tots grabbing the food we doled out to them, yet unable to digest it because their internal organs had become shriveled and weakened by starvation. One felt that the relief work represented the spirit of Christianity, and so it does."

These centres of famine relief were afterwards occupied as permanent centres of mission work. The missionary had become a miracle worker and brought the dead to life.

Nowhere is his work more in evidence than in dealing with plague and cholera. The ignorance, even of the officials, regard-



Apparatus and staff for fighting cholera, Changteh

ing these dread diseases is colossal. During the plague of 1911 in the Province of Shantung, China, there was posted in one of the chief cities a proclamation which read as follows:

"On July 1st, gather spinach, dry in the sun, lay it away until New Year's morning, then boil till done and pickle in brine and vinegar for one year. Partaking of this will prevent the current malady."

In other words, take nineteen months to prepare a remedy for a disease that is fatal in forty-eight hours, and at the time of the proclamation was raging furiously in the entire district.

When the cholera was at its worst at Hwai Yuen and neighboring towns and people were dying by thousands, news spread that the hospital was saving people, often from death. This was literally true. The physicians believed that the disease was carried largely by flies. Watermelons especially were blamed, as dealers cut them open and exposed them for sale along the street. An

urgent message came from Ingchowfu through Father Perrin, a Catholic missionary, asking for medicine as the people were dying by the hundreds. "We sent up several bottles of medicine with directions for its use, and the suggestion that he get the prefect to stop the sale of watermelons. The prefect refused, saying it was depriving the melon dealers of their living to do so, but he compromised by having the God of Pestilence escorted with a big procession down to the river where he was sent away in a boat with all honors."

In Hunan, where cholera claimed thousands, the missionary sent out sandwich men who went about the streets carrying boards inscribed in Chinese: "If you would escape cholera do not on any account drink 'raw water.' If you eat fruit and other raw food, you may bring calamity on yourselves. Should any contract the disease carry them quickly to the Gospel Hall Hospital."

The percentage of cures in the Hospital was very large. Equally effective results were obtained by the missionaries in Persia. In the year 1905 Persia was visited by an epidemic of cholera. The Presbyterian medical missionaries did yeoman service in resisting the ravages. Their work was appreciated, as the following extract from the "Tarbiyat," a Persian paper, published at Teheran, clearly shows.

"There is no doubt that the American Hospital in the illustrious city of sovereignty (Teheran) renders a true and considerable service to the inhabitants of this capital, to the poor of this town, of whatever religion they may be. And the existence of this house for the sick is not without grace and profit for the wealthy.

"In passing by the fact that the missionary physician is of excellent learning and experience in the healing art, we have recognized him as a man of benevolent disposition and one of the company of the courteous. Though we have no (personal) dealings with him, we know his existence to be profitable in every place whatever.

"It is conceded that this year, when the cholera appeared, the American hospital in Teheran, by excellent care and attention, delivered many of the hopelessly sick from the clutches of this deadly disease; and it is necessary on the part of the public to make an acknowledgement of their gratitude to that benevolent institution."

Similar testimonies could be furnished from many lands of the work of the medical missionaries.

When the dread bubonic plague appeared in North China in the year 1911, the medical missionary, co-operating with the Government officials, gave his time and strength to fight this dread disease. Everywhere servants and native Christians were instructed how to avoid contagion. As far as known no Christian family suffered loss. Their willingness to obey instructions was blessed to them, while the disregard of non-Christians made efforts towards better sanitation and isolation almost impossible. A sawyer said,

"So the foreign doctors are not going to allow us to go out of our homes, we will see." He went, he was dead in a few days.

The doctors prepared a set of rules printed in English and Chinese which were widely distributed. Cities like Chefoo were cleaned hygienically. One firm alone sold over 40,000 pounds of lime. Houses where patients died were burned or so thoroughly fumigated that all trace of infection disappeared. The rare combination of scientific skill with Christian faith and courage, unsurpassed in the annals of the race, is evidenced in the following model statement by one of the medical missionaries who did herculean service in fighting the plague.

"You may be talking with a man in the morning, who may think he is perfectly well, and he be spitting blood in the evening and be dead the next day. So I think the only way to be safe while in a plague district where people are dying is to wear a good mask all the time with



Injecting saline infusion for Plague

carbolic gauze over it. I carry an atomizer and keep it freshened with carbolic quite frequently also.

"Thrown right into contact with such a deadly thing as this, makes one keep close to God, and it has caused me, besides observing every one of His laws I knew of disinfection, also to commit to memory the 91st Psalm, which I have said over and over to myself many times every day, and it gives confidence where I think fear would have come without it."

The Chinese officials saw clearly that the doctrine of Jesus Christ taught men to be merciful, while the conduct of the Christians, both foreign and native, left a permanent impression regarding the character of the religion which they professed.

A whole province in the Philippines was saved a few years

ago from small-pox by the skill and sympathy of one medical missionary.

The medical missionary has been the Board of Health, the Sanitary Inspector, the "family physician" for the ruler in the palace, the official in the office and the laborer in the hut.

No one disease in non-Christian lands is more widely prevalent or perhaps less understood than malaria. In India alone the average annual death rate from this disease is 1,300,000, or more than the plague, cholera and ravages of war combined. "The baby died during the summer," was the answer of a good woman to a question regarding the health of her family, "and the other children are all well except for malaria, and everyone has it."

Sir Rupert Boyce, a noted British authority on tropical diseases, says of malaria, "It strikes down not only the indigenous barbaric population, but with still greater certainty the pioneers of civilization, the planter, the trader, the missionary and the soldier.

論今之疫症

關東一帶重疫流行，現已傳至本省，故士商居民宜早為防備。省致臨時束手，因病毒由病者之污濁物得之，至要者即口涎尿水與糞，或沾污食器，或在屋內自乾，隨風揚起，令人吸入，病難苟免。○病之狀即發熱，吐血，起筋疙瘩生膿。

此症亦由蚤虱蟲等得之，因既吃病人之血，毒已在口，復咬好人，其毒又分好人之身。○此蟲若咬穴鼠，亦能令鼠得病，且鼠更能負蟲分送各家，故何處鼠多，何處更加危險。

疫在何處，何處宜速為抵抗，免染此症，最要者即身體衣服房屋器具等，宜該致潔耳，雖有處未有此症，而其地污濁，鼠節隨多，故此病得易。○滅鼠之法，即將各品食物，存有蓋器內，切不可將零碎食物，拋於庭中，無用者宜以火焚之，或養貓，或製鐵貓夾剪，或置毒藥信石於食中，飼鼠或截其門路，或拆其窩巢，致死之鼠，須皆焚燒。

若疫症來到，宜令病者獨居，與家人遠，一人伺候便了，所用之器，好人欲用，宜以開水煮之，若鋪蓋衣服等，好人切不可用，伊用畢燒之而已，至尿與糞尤宜以黑礮蓋之，浮加以水，伺病人者不可與人來往，即親友亦不得往觀，倘病者死，速為埋葬，坟宜深七尺。

凡好人宜忌生冷，又須要潔，始成之飯，含毒自少，彼患病者，藥無多服，因此症無藥可治也。○若有人由瘟疫地來，雖無病，宜獨居六七日，方可與人同室。○若病人雖已痊癒，亦當獨居月餘，因身猶有毒在也。

謹白

Poster issued by medical missionaries: Gives short description of Plague, its method of propagation, with simple directions for disinfection, isolation, the destruction of rats, etc.

It is therefore the principal and gigantic ally of barbarism. No wild deserts, no savage races, no geographical difficulties have proved so inimical to civilization as this disease."

In many lands, as in Siam and Laos, it is attributed directly to the work of demons. A good illustration of the power of this disease was seen in the malignant malaria epidemic which swept over Laos, North Siam, in the year 1912-13. Whole villages were wiped out. The disease was so virulent patients died within a few hours.

"The disease takes many forms besides fever and ague," writes one from Chieng Mai, "such as convulsions, insanity and comatose condition, often resulting in death within a few hours. Three little

girls died suddenly on the same day within gunshot of our home. One man lost his wife and five children. But for Christian medicine many villages would have been entirely wiped out."

The tenacity with which the Oriental clings to old customs is evidenced that, in spite of the unnumbered instances of the cure of malaria by quinine, people whose door-yards touch the missionary homes, would use the old line of treatment, spirit charms and the like, until nearly fatal results drove them to the miracle worker. So effective was the treatment given, not merely by the medical missionary but by those he had instructed, that within the year more than three thousand turned from demon worship and the fear of evil spirits and confessed Christ.

The White Plague is not confined to Christian lands. Its deadly pall hangs heavily over non-Christian lands. Tuberculosis is exceedingly common throughout China. "At least fifty per



Tuberculosis Sanitorium, Syria

cent. of all dispensary patients in South China are affected with some form of the disease." A letter from India speaks of it as the "Captain of the Men of Death." Men who go from their farms and the free life in the open air to Bombay or other large cities to work in mills and offices, living in a dusty, smoky atmosphere, in crowded quarters, indulging in drunkenness and debauchery, become an easy prey to this disease.

A physician in Korea writes: "Tuberculosis is also our next-door neighbor. We meet him everywhere." The physicians of China are at present instituting an anti-tuberculosis crusade. The missionary has been foremost in carrying on this campaign in China and in other non-Christian lands. The most signal illustration is the Mt. Lebanon Sanitarium for Consumptives. It is the

only institution of its kind in all the Turkish Empire. It has two homes, one on the mountains of Lebanon, over 3,000 feet above the level of the sea, where patients can stay from May to November; the other at Juneih Bay, where suitable buildings are erected to care for patients during the winter months. Russians, Roumanians, Egyptians, Persians, Armenians, have been treated in this beneficent home.

A woman who contracted the disease in America returned to her old home. Her neighbors complained to the local authorities and soldiers carried her off to a pine forest outside the city. Her father slept near but soon deserted her. She suffered from hunger and thirst, wet with showers, dried by the sun. She was turned out a hopeless case. She wandered to a dry bed of the river and slept under the arches of the bridge for five days. After this a relative put up a tiny hut without roof, but the neighbors two hundred yards away threatened to pour oil on the structure and burn herself and the hut. After a month of this terrible life she was found by a medical student and sent to the Sanitarium. She was placed in one of the open-air tent houses on a soft bed laid on a wire mattress. She had the best of care and food. The Bible lessons of long ago were brought to her mind. She may never be cured of her bodily diseases, but she has found a new life. This is the story of the missionary; it is the story told to John.

The missionary in the numerous hospitals and dispensaries, by tract, by word and by example, in every way, is waging war on this enemy of the human race.

"We are sure," writes the physician in charge of the Hodge Memorial Hospital at Paotingfu, "that the out-door sleeping porches have saved the life of the Chinese head teacher in the Girls' School, from a complete nervous breakdown. Also the life of a young girl who had tuberculosis of the lungs. She has become rosy and plump and able to walk four miles in an afternoon and has no cough after two months of sleeping out of doors."

Public opinion is being aroused. Governments are recognizing the value of the missionary as a healer of the body, as a benefactor of the state. Here, as elsewhere, in relieving the many ills which flesh is heir to the missionary has been the pioneer. The people are quick to note the difference between the Gospel of the Christ and the Gospel of self. A Parsee woman requested that one of the nurses be permitted to go with her to her home in the hills. She was told that a better and more efficient nurse could be obtained in Bombay. She replied, "That is true, but I want a Christian."

The missionary has wrought wonders by his skill, but greater wonders by the power of the spirit of Christ dwelling in him. He has even dared to grapple with the man dominated by that most potent destroyer of human happiness, the opium fiend. "The care of a large contingent of opium patients has been an anxious consideration," is the report of one physician of long standing in the province of Shantung. "Physicians in Western lands who have had experience with patients confirmed in the use of morphine, are

prepared to appreciate some of the difficulties in dealing with a class of invalids having all the vices of the drug habitues engrafted upon the inherent moral obliquity of the heathen. . . . I have settled upon a line of treatment based upon medication, supplemented by moral and mental suggestion by means of God's word. It is God that worketh in us both to will and to do, and here, where will has long been shackled and power of initiation practically withdrawn, the remedies of the physician can be only accessories to the enabling grace of God."

The medical missionary has wrought social revolutions little short of the miraculous. Vaccination was practically unknown in most non-Christian lands till introduced by the medical missionary. The King of Siam once called into consultation a Presbyterian medical missionary. The subject under discussion was the large death rate in the Kingdom. The missionary showed him this was



After vaccination

due to a number of young children dying of small-pox and suggested vaccination. The King at once adopted the suggestion.

After several years of using the vaccine from other countries, the Government established a vaccine farm of its own where serum is made and sold to those who wish to use it. The medical missionaries do a great deal of vaccinating and especially in the North of Siam a large force of trained men are kept busy vaccinating and preaching, for the two go hand in hand.

Where small-pox used to claim whole villages as victims of the dread disease, now there is often not a case. Formerly it was often impossible to persuade a person to be vaccinated, but now most of them are willing to pay for being vaccinated.

In former days in Korea, the father did not count his children until they had had small-pox, so prevalent was this disease. The Japanese Government is dealing with it officially, but for many years in many lands it was fought by the missionary alone.

The dread sleeping sickness has spread with wonderful rapidity in East Central Africa. A number of cases in the last few

years have been found in connection with the work of the American Presbyterian missionary in German Kamerun, West Africa. "I have seen," writes one of the medical missionaries of the Board,

"hundreds of natives with sleeping sickness at the hospital established for them by the German Government, and they were being given the best treatment that could be given there, but there is no treatment known that is very satisfactory. I saw a case or two being treated at the London School of Tropical Medicine with fair success. To our sorrow, it has lately been discovered that there is more than one kind of fly that can carry the disease. It is coming into our Mission territory from the branches of the Congo."



Witch doctor, Africa

ested in the poison put on the arrows which were used for the killing of large game. In taking a river trip in 1874, one day, while floating along the stream and looking at the verdure on either side, one of the crew said, in speaking of a certain vine, "That is the vine that bears the fruit from which is made the poison for our arrows." It was the *strophanthus*. This was reported by the missionary to a brother doctor in the United States and later became an article of export to Europe.

In innumerable ways the missionary has thus contributed to the welfare of humanity. It was Yuan Shih Kai who, in January, 1913, in the City of Peking, in responding to an address presented by the representatives of the Triennial Conference of the China Medical Association, said:

"It gives me great pleasure to receive so many members of the China Medical Missionary Conference who have gathered in the capital from the provinces. We are very grateful for your charitable services, especially for your work in the interior, where the importance of sanitary principles is comparatively unknown. For the country to be strong and prosperous it is essential for its citizens to be healthy. It is due to you that sanitary principles are now spreading through-

In Africa poison is often used in witchcraft. One of the missionaries, in investigating the poisons used in the ordeals connected with witchcraft, was specially inter-



Returning home after a few weeks in the charity ward

out the land, and it is also due to you that poor and destitute women and children have been succored and have received the elements of an enlightened education. Many of you assisted during the plague, materially aiding in restricting the ravages of the disease which alarmed the whole world, while during the Revolution many of you faced danger and difficulties in order to relieve sufferers. I am glad of this opportunity to tender my personal thanks, and I hope that you will continue in the future as in the past, thus adding to the glory of your reputation and strengthening the bond of friendship between your countries and ours, which I earnestly hope will be strengthened every year."

Ex-President Taft said the missionary had formed communities which had been the nuclei of a new civilization.

The physician in non-Christian lands has illustrated the truth of the text: "Godliness is profitable unto all things, having promise of the life that now is and of that which is to come."

CHAPTER V.

"THE POOR HAVE THE GOSPEL PREACHED TO THEM"

The medical missionary is an evangelist; he preaches. The labels on the bottles of medicine contain verses of Scripture. The prescription card has a Scripture verse. The words spoken in hospital and dispensary are direct messages from the preacher to the hearer. The hospital draws audiences that no preacher can hope to gain. In a single hospital and dispensary in Korea, in one year, more than 17,000 persons heard the Gospel preached. The physician drew the crowd, the native evangelist spoke the word. But it is in the indirect preaching that the beloved physician does his most effective work. His acts speak louder than words. His life is a sermon. He is a living epistle known and read of all men. He needs no interpreter. It is a proverbial saying that the medical missionary opens doors. He does more, he opens hearts. "Come



The Dispensary Sunday School, Bohol, P. I.

unto me all you who feel trouble," so runs the Bulu New Testament, "and tell the loads, and I will give you rest." Many a weary toiler panting beneath a heavy physical or moral load, has had the burden removed by the skillful act and kindly word of him who follows in the path of the Great Physician.

Out of the hospital the physician cuts a wide swath. His itinerating trips are evangelistic.

"While itinerating," writes one who had spent long years of service under Syrian skies, "we strive most earnestly by our example to impress upon the people wherever we go to serve one another in love, to merge self-interest into love of others, pride of race or tribe into a desire to each esteem other better than himself. Barriers of section, race and religion are high, ancient blood feuds and the memory of recent wrongs are hard to efface; but we

live among the people and for them, never asking to what religion or tribe they belong. . . . One place we camped in had not been visited by a foreign missionary for seven months. During this time the preacher had lost a child, had seen his scholars removed en masse from his school by threats, a bonfire of Bibles had been lighted, and two bans of excommunication pronounced against anyone who spoke to him. Do you wonder that such workers welcome the opportunity to preach to increasing audiences, to help us in special services, to meet patients from villages not yet visited by them which will ensure them a welcome there in the future?

"When riding through another large town with the preacher who had gone out to meet us, a generous share of a shower of pebbles intended for him fell upon me, but once our errand of mercy was understood, hatred and opposition completely vanished. Before, no meat nor even a jar of water could be obtained; now all vied in offering their services. Previously, the doorway was shunned, now, a sturdy guard could scarce keep order among those crowding into the yard. At another place when our coming was announced, the school rose from six to sixty, because the teacher, on his own responsibility, announced that we would not treat any member of the family of a boy who had been removed."

His vocation demands evangelization.

"I have had more than the usual number of chances for personal work with individuals," writes a physician engaged in work among Moslems in Persia.

"My assistant, too, has been very faithful in such work. There seems to be a number of sincere inquirers. One family has specially interested us. A little boy came to the hospital in September for a small operation. He proved to be a 'bleeder,' and in spite of all our efforts continued to bleed for many days so that his stay in the hospital was much prolonged. His father and mother were with him most of the time. I suggested to the two school boys who were helping me this winter that they read to him. My assistant also talked and read with the parents. They developed a genuine interest. The mother and little boy have been coming to Sunday-school ever since, while the father and an older brother attend the men's Bible class. Another is an Ali Allahi (a sect which considers Ali, the son-in-law of Mohammed, divine) whom I first met in Lahijan. He used to come occasionally but did not seem much interested until one day, when I was busy, my assistant undertook to entertain him. Evidently my assistant was better able to reach his understanding, for since then he has been a frequent caller and (unable to read himself) has listened eagerly to the reading of the Word."



Head nurse and pupil nurses, An Ding Hospital, China

"A fellow feeling makes us wondrous kind." The fact that suffering can be relieved, develops brotherly love and kindness among Christians in non-Christian lands. One morning a poor Christian, living near one of the hospitals in Korea, carried into the consulting-room a feeble, gray-haired old man. The Christian said, "Doctor, this is a poor Christian brother who is ill. I have bought Korean medicines for him and done everything we know how, but cannot help him." The old man, was gasping with pneumonia, complicated with a bad heart. Under skillful treatment he recovered. Weeks later, meeting the physician in church after service, he grasped his hand and said, "Thank God for the doctor and my Christian brothers." The Gospel had been preached by native Christian and medical missionary without text or sermon.

The triumphs of the Gospel are seen in the hospital as possibly nowhere else. A brutal husband will beat his wife mercilessly, and then kind friends will bring her to the hospital where, after a quick recovery, she returns filled with the spirit of the Gospel and wins the man who so cruelly beat her.

In the district bordering on the Hwai Yuen station in China, are groups of believers. Most of these were brought into contact with the Gospel in the wards of the hospital. The kindly reception which the evangelist and the foreigner receives traveling in

the district is due, in large measure, to the friendly feeling created in the hospital. Everywhere throughout the region where dwell those who have been treated by the medical missionary, kindness is shown to the preacher and teacher of the Gospel. The unspoken word, the acts of love so freely given, break through the crust of indifference and disbelief and sin. A well-to-do merchant, known throughout the city of Taiku, who had been an infidel for years, was brought to the hospital in a very precarious condition. His friends were unwilling that an operation should be performed, saying, "He is too weak for the instrument work." After a time consent was given, the operation performed. He went home cured. During his weeks of convalescence he heard the Gospel, but it seemed to make no impression. The day he went home, earnest prayer was made with him privately. Later, he said, "How is it possible for a man to resist longer when he is prayed for specially like that."

The far-reaching effect of this type of preaching cannot be estimated. A tiny slave girl whose mistress punished her by thrusting hot needles into her feet and ankles, was sent to the Tooker Memorial Hospital at Foochow. She was an outcast,—a cast off bit of humanity. Her cure, body and soul, was complete. From a miserable, suffering child, love had changed her into the happy, loving pet of the home. The text and the sermon was one those who saw and heard could never forget.

Even where the disease is beyond the skill of the practitioner, the Christ love does its work. A patient with an incurable cancer stayed for a time at the hospital in Peking and listened eagerly to the old, old story. "I know this is a Gospel of patience and love," she cried after a time, "so I shall exhort my daughter-in-law not to fight, and I myself will give up my habit of going out on the street and reviling my relatives whenever they have done anything I do not like."

Is it strange that, in the report of a year's work in this hospital, there is the statement: "These are some of the bright bits of the mosaic of life that we see in our wards from day to day."

Among primitive nations, as in Africa, the people are visited and treated in their towns and in their homes, where, before the coming of the medical missionary, disease, physical and moral, bound them with fetters that could not be broken. The medical missionary, with the aid of a motorcycle, travels from village to village, and at the sound of the cycle approaching the village, the people will gather from near and far and listen to his words because he is able to heal them of their sickness and relieve them of their disease.

Among half primitive peoples, as in Laos, the Gospel of healing finds a ready entrance into the heart and home of the people. Two brothers lay side by side in a Laos home, stricken with fever. For many weeks native doctors of all kinds had tried their remedies, but to no purpose. The last one called, said to the younger brother, "I can do nothing for you; unless something very precious should fall from heaven there is no hope." Something precious did fall. The Christian elder, trained by the physician, was called

in, quinine administered, fever broken, and in a few weeks both were well. The people thus lose their faith in the spirits and the native spirit doctors, and turn to the Great Physician.

One of the first cases in the Hospital in Taiku, Korea, was that of a young man very ill, the members of whose family were sure that he would die. His cousin, who came for the physician, said, "We have all heard the Gospel, but have not believed it. If you will cure him now we will all do so honestly." The patient improved rapidly and after a month was able to limp to the church near by. He is an alert, intelligent man, and soon developed into an earnest Bible student. His Christianity at first, like that of many sick Koreans, was a matter of sharp bargaining, pure and simple. Their reasoning is logical,—"We followed the Buddhist doctrine, and prayed at the temples, but did not recover. We worship the spirits, but are no better, now we will do the Jesus doctrine if that will make us well. Many of them, whenever they recover, are so grateful that they turn a listening ear to the teaching and accept it from the heart. The medical missionary under God is the means whereby the Gospel finds a way even into such selfish hearts.

On the other hand, cases not a few indicate that where sufferers know their bodily ailments cannot be cured, they seek a physician who can cure the soul.

A wealthy Bulu headman in Kamerun, West Africa, who had been exceedingly wicked, was made to understand that his days on earth were probably limited. Looking earnestly into the eyes of the physician, he said, "Do you know why I came to the hospital at Elat? It was not because I thought I would get well, but because I knew you would show me the path." He was shown the path "which shineth more and more unto the perfect day."

An intelligent Buddhist priest was more than a month convalescing after a surgical operation in the hospital at Taiku. The doctor said, "Have you not yet decided to become a Christian?" He answered, "I have." "What led you to decide?" He replied, "The difference between what I have heard here and of that worship in the temple which I know is foolishness." The priest departed. The evangelist connected with the hospital and some of the students were skeptical about his change of heart. He had no money



Before operation, Philippines



After operation

to pay for the fee agreed upon, nor for his board bill. He promised, however, to send it in three months. He had nothing to pledge. A Bible and hymn book were sold him on credit. As he went away, the evangelist remarked, "That is the last we shall hear of him." Promptly on the date agreed upon, however, a post-office order for the amount and a long letter of gratitude were received. The amazement of the hospital staff was great. The sermon had been more effective than any of them had supposed.

To one who has followed the course of medical missions there can be no doubt of the permanent effect of the Gospel preached by the medical missionary. The most stubborn enemy of the Cross in all non-Christian lands is Caste. This enters into the warp and woof of the economic, civil and religious life in India. It is even doubted by some students of missions and some recent visitors to mission lands whether the breaking of the caste system in a land like India, and the introduction of individualism, may not be fraught with great dangers both to the individual and to the nation. But even caste yields to the physician.

A blind Mahar, after a forty-mile tramp in rough weather, reached the Hospital at Vengurle, India. He was a low caste man. He was speedily frightened away, because of Brahmins in the same ward who called down on him the curses of heaven for daring to stay in the room with them. In spite of the entreaties and promises of the physician, he and his family fled. The priceless gift of sight could have been his after a few days' residence, but the caste spirit drove him out to continue his life of darkness. These untouchables often remain and are cured. A sermon is then preached which bids fair to make even the walls

of the Jericho caste fall down flat. This was evidenced in the same hospital by a young man who came from a distant village and insisted on a private room so as to be as little contaminated as possible with the lower caste people. He was sullen, suspicious, and supposed that the missionary had evil intentions. As the days passed by his suspicions vanished. One of the Christian women, a ward patient, needed a private room because of certain complications which had developed. This young man came forward voluntarily and offered his room, saying he would gladly stay in the ward. Before he left the hospital he confessed his belief in the Lord Jesus Christ. He revisited the hospital and, like Andrew of old, brought his brother with him.

The preacher whose Gospel breaks the chains of caste is the physician. A woman of high caste, needing an operation, was sent to the Miraj Hospital. She had often heard the Old, Old Story, and though interested would not accept the Saviour because



An ambulance in India at the Vengurle Dispensary



Four graduate nurses of the Severance Hospital, Korea

it meant the breaking of high caste. She was greatly impressed during her convalescence with the Christian native nurses and the Gospel story which they told, and better still, which they exemplified. The nurses said to her, "Go home and tell your friends what great things the Lord has done for you." She had to travel a long distance on the train, and then was carried in a heavy downpour of rain on a cart loaded with cocoanuts. Arriving at her village she refused to salute the god of the village as her custom was when she was carried past it. In consequence of her long ride through the rain, she became ill and a missionary living near was sent for, who, seeing that the woman's condition was serious, took her to her home and nursed her. She said, "I will never worship idols again and I mean to tell the people what the Lord has done for me." As the end drew near and her old mother and young daughter were with her during her last days, she witnessed to all her faith in Christ, saying, "I am not afraid to go out to darkness. Jesus will not let me go alone."

The caste and the outcastes alike are reached by the Gospel of the Healer. "To the poor the Gospel is preached."

CHAPTER VI.

THE LAST BEATITUDE

The physician whose life is dominated by the spirit of his Master has peculiar opportunities for removing stumbling blocks from the path of toiling men and women. The most bitter opposition breaks down before the magic wand of him who brings healing to the body and life to the spirit.

One loves to think of the missionary in the Christ-land following so closely in the footsteps of the Divine Master. In the hospital in Beirut, where the missionaries of the Presbyterian Board have so long ministered, patients come from all parts of Syria and Palestine, from Egypt, Cyprus, Constantinople, Russia and various parts of Asia Minor. The hospital has Bibles in

Arabic, Turkish, Hebrew, Yiddish, French, German and Greek, and they are often in use. Many a stolid Jew has had his heart softened to find a copy of his Sacred Law in his hands. One woman from a distant Jewish colony said with great earnestness, "I sometimes think that we are reject-



A missionary physician giving surgical treatment, Africa

ing the very Christ, that He truly fulfilled the prophecies, only we are too blind to see." She spoke better than she knew, and her statement could be verified in many a Hebrew and Moslem home throughout the Orient.

Some years ago a Kurd, Timur-bag, went to Westminster Hospital, Urumia. He was very ill. He had tried many physicians and was not cured. He was a chief, and controlled many villages over the Persian border. He came to the hospital on a litter with a large retinue. It seemed as if he might die that night. Under the blessing of God and the skillful care of the medical missionary, he recovered. His interest in all that he saw in the Hospital was very great, giving special attention to surgical operations, and often visiting the wards. Some time after his return home the chiefs in his region, in a conclave where Timur was present, proposed the assassination of Armenians. He opposed the proposition on the ground of his experiences in the hospital and declared that if the other chiefs decided to carry out the plan, he would cast



Mountaineers—came four days' journey to Urumia Hospital

in his lot with the Christians and fight against the Kurds. He made these three points:

First: Their ability to cure at the hospital. Second: The equal care of the poor, the lowest and all sorts and conditions of men as well as chiefs like himself. Third: The hospital doctor and others there were gentlemen and ladies and yet they did this lowliest service for all alike.

The "Beloved Physician" who so successfully treated this wild Kurdish chief has long since passed to his rest. His successor, after one term of service, on his return home, having labored in the same territory, writes:

"My heart burns within me, especially when I travel into Kurdistan. In this land where every man's hand is against his neighbor, where robbing and killing are ordinary, every-day occupations, there is a rich field awaiting the coming of the missionary. The Kurds are truly 'as sheep without a shepherd,' and 'no man cares for their souls.' Yet they are warm-hearted and friendly to a marked degree. And the doctor at least is safe to go anywhere among them."

This is not a mere missionary apologetic. It is the removal of a great stumbling block in the way of the progress of the Kingdom. The last of the Beatitudes has been realized by the physician.

Any one living in India knows the difficulty of securing real sympathetic touch with the people. The physician secures the touch. A strict purdah woman from Central India said, as she threw aside the curtain which, until that time had concealed her from the physician, "We will consider the doctor one of the family." In this single act she revealed how the man of God, skilled in medical practice, can overcome the prejudices of centuries.

In the clinic of the Tripoli Hospital, one morning, a patient said: "I am a brother of the great chief of the Anezeh tribe of Arabs who live on the desert east of this place. Last winter I was shot in the arm and people tell me there is a dead bone which must be removed." The dead bone was there and the physician was able to remove it and send his patient back well and strong. Some time after the physician and his assistant started to spend the Sabbath in two villages on the borders of the Syrian desert. As they journeyed, they came to a low hill, when up sprung a number of Bedouins, dressed in their picturesque costume, riding their magnificent horses, each man armed with a repeating rifle, sword and revolver. Every rifle was ready. The click of the hammer was distinctly heard. The leader said, "Who are you and where are you going?" The doctor replied, "Only a doctor; I am going to yonder village on the Lord's business. I had the honor of treating the brother of your Chief." "Are you the American doctor?" He answered, "Yes," to which the reply came, "Then go in peace." Each man put up his rifle and was soon lost to sight. The doctor and his assistant went on their way. This is the land "where all that were sick with divers diseases came and were healed." It is the same Gospel and preached in the same spirit as of old.

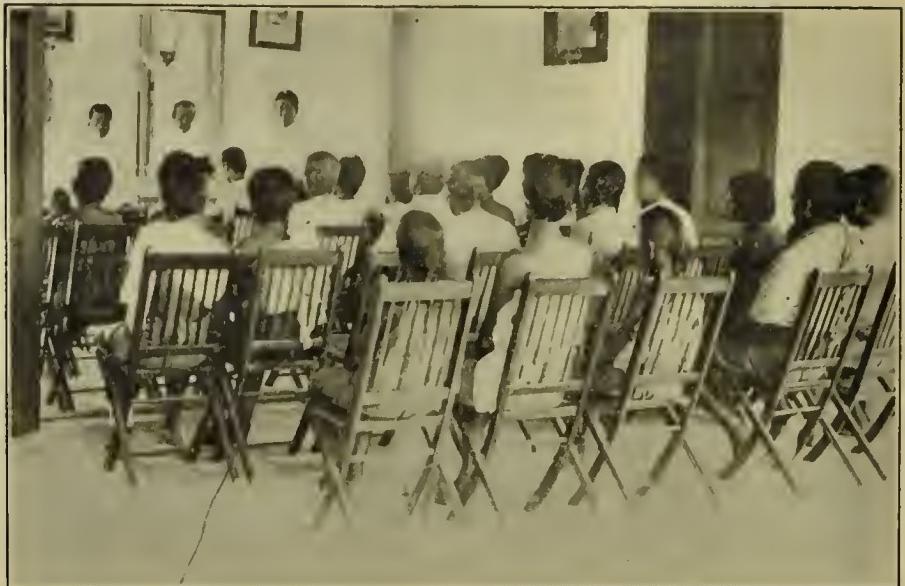
It is the contrast between the old and the new, between the religion exemplified by the medical missionary and the religion bound hand and foot by caste, custom, superstition, and prejudice, that makes the last Beatitude so impressive. During one of the recent famines in India, starving children were refused food because it was given by an outcaste, that is, a Christian. One day a very thin, old man came among the crowd that had gathered on the mission compound. Some native bread was handed him which he quickly took. In a short time the people began to beat him and drove him off the compound because he took bread from the hands of a Christian, and he a *caste* man. This is a true picture of Hinduism.

Before many months had passed, on this same compound, high caste mothers were offering to nurse the babies of low caste women. The Gospel of relief had brought a social revolution, had removed a stumbling block, had taught the fatherhood of God, and the brotherhood of man.

A man whose wife was ill in the hospital at Hunan, after seeing the doctor sit up with her for two nights, exclaimed, "I know there is something in Christianity, since it makes a doctor willing to do this." Even the patient sees that what is needed is more than physical healing. A tired woman was waiting her turn in a mission dispensary, and when she came she raised her eyes



Children operated on at Miraj Hospital



Chapel service at Sri Tamarat Hospital, Siam

to the physician and said, "Give me some medicine for a sad heart, my son is dead."

The skilled practitioner quickly detects where more is needed than physical healing, and when the heart is full with love to the Divine Master, he can pour the oil of joy and the wine of gladness into the bruised spirit. The Spirit of the Lord God, of which Isaiah sang, enables the physician to "bind up the broken-hearted" as well as "to heal the sick." The physician who can speak peace to the troubled soul brings often a larger blessing than he who removes pain from the body. No better illustration of the vast hold which the medical missionary can gain on a community, or on a ruler, and on a nation, than is seen in the report of the Miraj Hospital for the year, 1913:

"Many Parsees also find their way to the hospital. Courteous, dignified and grateful for the care received, they make good patients. Amongst other patients we find nearly all the classes of people the country can produce. The high and low, the rich and poor, some traveling hundreds of miles and differing widely from Marathi people in appearance, language and customs. One man, a villainous type from Kabul, Afghanistan, traveled over two thousand miles to our hospital. He was scarred and wounded, the result of a feud, and frankly admitted that his whole desire for recovery was that he might take revenge by killing the enemy who had wounded him. We try to be friends to the women and children and often get glimpses into their lives of ignorance and superstition that make us long to be able to help them.

"The most notable change in the work itself has been its continuous growth, evidenced this year in the erection of new buildings.

"Through the generosity of His Highness, the Maharajah of Kolhapur, a new plot of six and a half acres of land opposite the hospital has been secured for the erection of such new buildings as the development of the work demands, and income of the work may permit.

"Two gifts of Rs. 15000 and Rs. 3300, respectively, have been promised towards the erection of a new hospital block for Parsees on this site, where we hope in time to erect a new residence for physicians, which will be required in the development of the medical school, together with the proposed new laboratory when that is needed. It is a satisfaction to be able to report the complete self-support of the work, and we expect *in the coming fiscal year to relinquish all appropriations from America, either for the current work or new buildings.*"

The hope of the future in all non-Christian lands is that groups of native men and women can be trained in the skill and science of the West, coupled with the spirit and love of Him who came down from heaven as a missionary to a suffering world.

"Has your country many daughters like you?" said a robber chief to the elect lady whose hospital tent looks out on the snows of Lebanon. "Truly our work is to despoil and deface; yours is to restore and repair."

"Blessed is he whomsoever shall not be offended in Me."



Not an earring but a horn of thirty years' growth

Outdoor patients, Ferozepur Hospital, Punjab, India



APPENDIX A

Medical missionaries under appointment of the Board of Foreign Missions, February 1st, 1914:

AFRICA:

	<i>Date of arrival</i>
Johnson, Silas F., M.D.....	1894
Knight, H. W., M.D.....	1912
Lehman, W. S., M.D.....	1898
Pinney, O. H., M.D.....	1907
Senska, F. R., M.D.....	1912
Weber, H. L., M.D.....	1902
Total	6

CHINA:

Anderson, Elizabeth E., M.D.....	1907
Bash, Clementine, M.D.....	1912
Berst, W. L., M.D.....	1907
Boggs, Mrs. J. J. (Ruth C. Bliss, M.D.).....	1892
Boyd, Harry W., M.D.....	1899
Bryan, Herman, M.D.....	1902
Burnham, Mary L., M.D.....	1897
Cochran, Samuel, M.D.....	1899
Cooper, Effie B., M.D.....	1899
Cunningham, W. R., M.D.....	1904
Dilley, F. E., M.D.....	1907
Dobson William H., M.D.....	1897
Dunlap, R. W., M.D.....	1909
Fleming, Emma E., M.D.....	1898
Fulton, Mary H., M.D.....	1884
Hackett, Martha, M.D.....	1913
Hamilton, G. W., M.D.....	1903
Heimburger, L. F., M.D.....	1913
Harding, B. M., M.D.....	1913
Hills, Oscar F., M.D.....	1907
Humphreys, Anne F., M.D.....	1913
Johnson, C. F., M.D.....	1889
Keator, Louise H., M.D.....	1903
Kelley, J. F., M.D.....	1903
Lasell, S. L., M.D.....	1899
Leonard, Eliza E., M.D.....	1895
Lewis, C. E., M.D.....	1896
Lewis, S. C., M.D.....	1901
Lewis, Elizabeth F., M.D.....	1906
Logan, O. T., M.D.....	1897
Lyon, C. H., M.D.....	1900
McCandliss, H. M., M.D.....	1885

CHINA: (Continued)

Mackey, Maud, M.D.	1899
Machle, E. C., M.D.	1889
Mateer, Mrs. R. M. (Madge Dickson, M.D.)	1889
Merwin Caroline S., M.D.	1905
Murdoch, Agnes G., M.D.	1908
Neal, J. B., M.D.	1883
Niles, Mary W., M.D.	1882
Patton, Mrs. C. E. (Isabella Mack, M.D.)	1905
Robertson, W. E., M.D.	1906
Robinson, Mary H., M.D.	1913
Ross, R. M., M.D.	1906
Roys, C. K., M.D.	1904
Seymour, S. F., M.D.	1894
Schultz, W. M., M.D.	1909
Sloan, T. D., M.D.	1912
Tooker, F. J., M.D.	1901
Tooker, Mrs. F. J. (Mary E. Fitch, M.D.)	1901
Tootell, G. T., M.D.	1913
Vanderburg, E. D., M.D.	1894
Total	51

INDIA:

Allen, M. Maude, M.D.	1894
Avey, Mrs. H. T. (Sarah E. Swezey, M.D.)	1910
Carleton, M. B., M.D.	1881
Carleton Jessica R., M.D.	1886
Forman, C. W., M.D.	1883
Goheen, R. H. H., M.D.	1905
MacArthur, Victoria E., M.D.	1899
Marshall, Mrs. A. W. (Mary J. Stewart, M.D.)	1900
Marston, Emily, M.D.	1891
Mitchell, Alice, M.D.	1895
Noble, Mary R., M.D.	1903
Orbison, J. H., M.D.	1886
Vail, C. E., M.D.	1909
Vrooman, Sarah, M.D.	1901
Wanless, W. J., M.D.	1889
Wilson, A. S., M.D.	1896
Young, Annie, M. D.	1906
Total	17

GUATEMALA:

Gregg, Mary E., M.D.	1906
Total	1

PHILIPPINES:

Carter, R. W., M.D.	1907
Graham, J. A., M.D.	1905
Hall, J. A., M.D.	1900
Langheim, H. W., M.D.	1901
Miller, W. J., M.D.	1913
Total	5

KOREA:

Avison, O. R., M.D.	1893
Bigger, J. D., M.D.	1911
Fletcher, A. G., M.D.	1909
Hirst, J. W., M.D.	1904
Ludlow, A. I., M.D.	1911
Mills, R. G., M.D.	1908
Pieters, Mrs. A. A. (Eva H. Field, M.D.)	1897
Purviance, W. C., M.D.	1908
Sharrocks, A. M., M.D.	1899
Smith, R. K., M.D.	1911
Underwood, Mrs. H. G. (Lillias S. Horton, M.D.)	1888
Wells, J. H., M.D.	1895
Whiting, H. C., M.D.	1903
Total	13

PERSIA:

Allen, Mary D., M.D.	1910
Cook, J. W., M.D.	1912
Frame, J. D., M.D.	1905
Funk, J. A., M.D.	1902
Lamme, C. W., M.D.	1913
Lawrence, E. T., M.D.	1902
Lawrence, Mrs. E. J. (Jessie C. Wilson, M.D.)	1892
Müller, Mrs. H. A. (Laura B. McComb, M.D.)	1910
Orcutt, Edna E., M.D.	1911
Packard, H. P., M.D.	1906
Smith, Mary J., M.D.	1889
Stead, Mrs. F. M. (Blanche Wilson, M.D.)	1900
Sutherland, Mira, M.D.	1913
Vanneman, W. S., M.D.	1890
Total	14

SIAM:

Bulkley, L. C., M.D.	1905
McDaniel, E. B., M.D.	1902
Shellman, C. J., M.D.	1906
Van Metre P. W., M.D.	1913
Wachter, E., M.D.	1884
Total	5

LAOS:

Beach, W. B., M.D.	1912
Briggs, W. A., M.D.	1890
Cort, E. C., M.D.	1908
Crooks, C. H., M.D.	1904
Lyon, W. T., M.D.	1912
Mason, C. W., M.D.	1906
McKean, J. W., M.D.	1889
Park, C. E., M.D.	1913
Peoples, S. C., M.D.	1882
Total	9

SYRIA:

Eddy, Mary P., M.D.	1893
Harris, Ira, M.D.	1883
Harris, Ara Elsie, M.D.	1908
Total	3

TOTAL.

Africa	6
China	51
India	17
Guatemala	1
Philippines	5
Korea	13
Persia	14
Siam	5
Laos	9
Syria	3

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Hospital Buildings at MacLean and Assistants

APPENDIX B.—

DATA REGARDING THE PRESENT MEDICAL WORK OF THE PRESBYTERIAN BOARD OF FOREIGN MISSIONS HOSPITALS AND DISPENSARIES.*

NOTE.—Although, where possible, the number of beds is given for each hospital, it should be remembered that this does not mean that this number of patients can be cared for at any one time; as it often happens, especially in China, that a number of the relatives and friends accompany the patient and have to be accommodated. In hospitals where there are no nurses these friends are really necessary in serious cases, but they take up room which might otherwise be occupied by patients.

AFRICA:

BENITO—

Dispensary work begun 1864

Managed by lay missionaries until 1907 when medical missionary came to station.

Boys' dormitory, when vacant, used as operating room.

Hospital in process of erection.

BATANGA—

Dispensary work begun 1885

Small Hospital.

17 beds.

EFULEN—

Dispensary work begun 1900

"Schauffler Hospital and Dispensary"

Hospital and dispensary buildings the gift of Mrs. A. F. Schauffler of New York City.

Leper work connected with this Station 1911

MAC LEAN—

Dispensary begun 1898

Hospital.

40 beds, 2 distinct buildings.

METET—

Medical work begun 1909

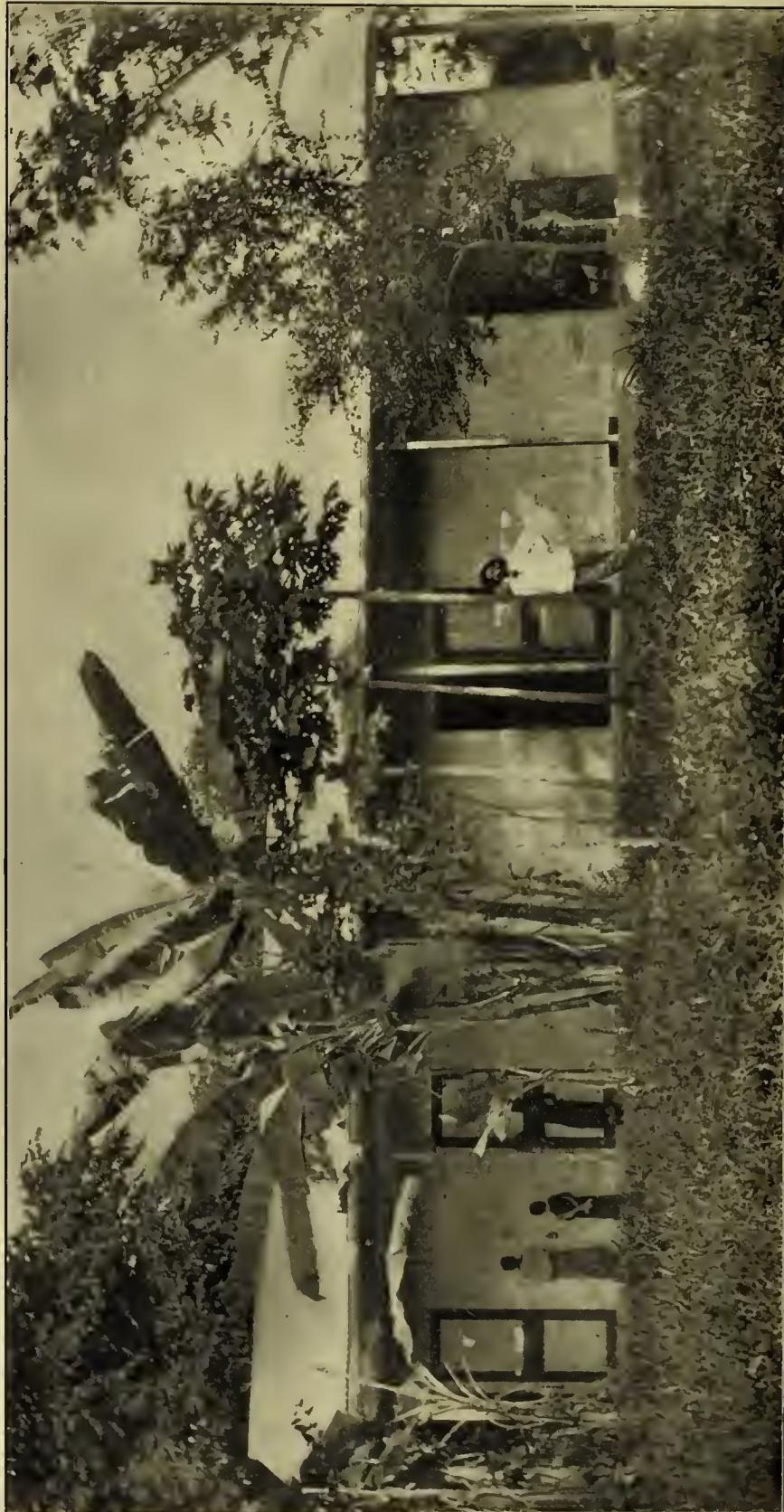
Dispensary.

Nearest physician aside from station physician, 54 miles distant.

Outlook good for medical work at Metet. As yet (1914) no hospital or dispensary buildings. The natives are asking for the white man's medicine and want to know when a hospital is to be built.

The missionary takes his medicines with him in a chest when he goes on an itinerating trip and holds clinics by the roadside.

*The names of Hospitals are those now in use.



Missionary Hospital, Batanga, Africa

CHINA:

Medical work in China begun at Ningpo
First missionary sent to China by Presbyterian Board,
a physician, Dr. D. B. McCartee.

1844

HAINAN:

HOIHOW, KIUNGCHOW—

Begin	1885
1 hospital, erected	1896
85 beds.	
1 dispensary.	

Medical work begun at Kiungchow by physician. All applicants agree to spend an hour a day in studying Catechism, New Testament and hymns if they wish to become in-patients.

Work among lepers carried on in nearby village.



Back of Hoihow Hospital



Hoihow Hospital



Dispensary, Hoihow

NODOA—

Medical work opened	1891
"Mary Henry Hospital"	1899
33 beds.	
Beds consist of boards placed on benches.	
Dispensary.	

Hospital erected by women of Princeton Church,
Philadelphia, in memory of wife of Dr. Addison



Front of Kacheck Hospital, Hainan

Henry. Completed with gifts from missionaries on the field.

Four or five dialects used in the medical work.

KACHEK—

Medical work begun	1903
“Kilborne Hospital”	1907
40 beds.	
Dispensary.	

Hospital gift of Mr. A. W. Kilborne, of Orange, N. J.

Some of the best evangelistic work and workers have been developed from hospital patients.

SOUTH CHINA:

CANTON—

Medical work begun	1838
1 Hospital.	
2 Dispensaries.	
1 Medical College.	
1 Training School for Nurses.	
1 Nurses' Home.	
1 Hospital for Insane.	

The first medical missionary to Canton was sent out by the American Board in 1834—Dr. Peter Parker. He opened a hospital chiefly for eye diseases. This was merged into the Canton General Hospital and superintended from 1853 to 1899 by Dr. John G. Kerr. Dr. Kerr, in connection with this hospital, founded the Refuge for the Insane from which, as a center, much evangelistic work is done.

“The David Gregg Hospital” 1901

Given by Lafayette Avenue Church of Brooklyn as an appreciation of their pastor, the Rev. David Gregg, D.D.

Work practically self-supporting from gifts of Chinese.



“David Gregg Hospital”



Native women physicians operating, "David Gregg Hospital"



Examining Room, "David Gregg Hospital"

"Julia M. Turner Training School for Nurses".
Given by Mrs. Charles P. Turner in memory of Mrs.
C. N. Thorpe, for six years the honored and beloved
President of the Woman's Board of Philadelphia.

Nurses Home.
Gift of Mrs. Charles P. Turner in memory of Mrs. C.
N. Thorpe.



Ward in "David Gregg Hospital",
Canton, China

Mary H. Perkins' Maternity and Children's
Wards"

1906

Memorial by Mrs. Charles P. Turner to Mrs. Mary H.
Perkins of the Philadelphia Board.

The Medical School for women was opened
Name changed to "Hackett Medical College"

1901

1902

Buildings gift of Mr. E. A. K. Hackett, of Ft. Wayne,
Indiana.

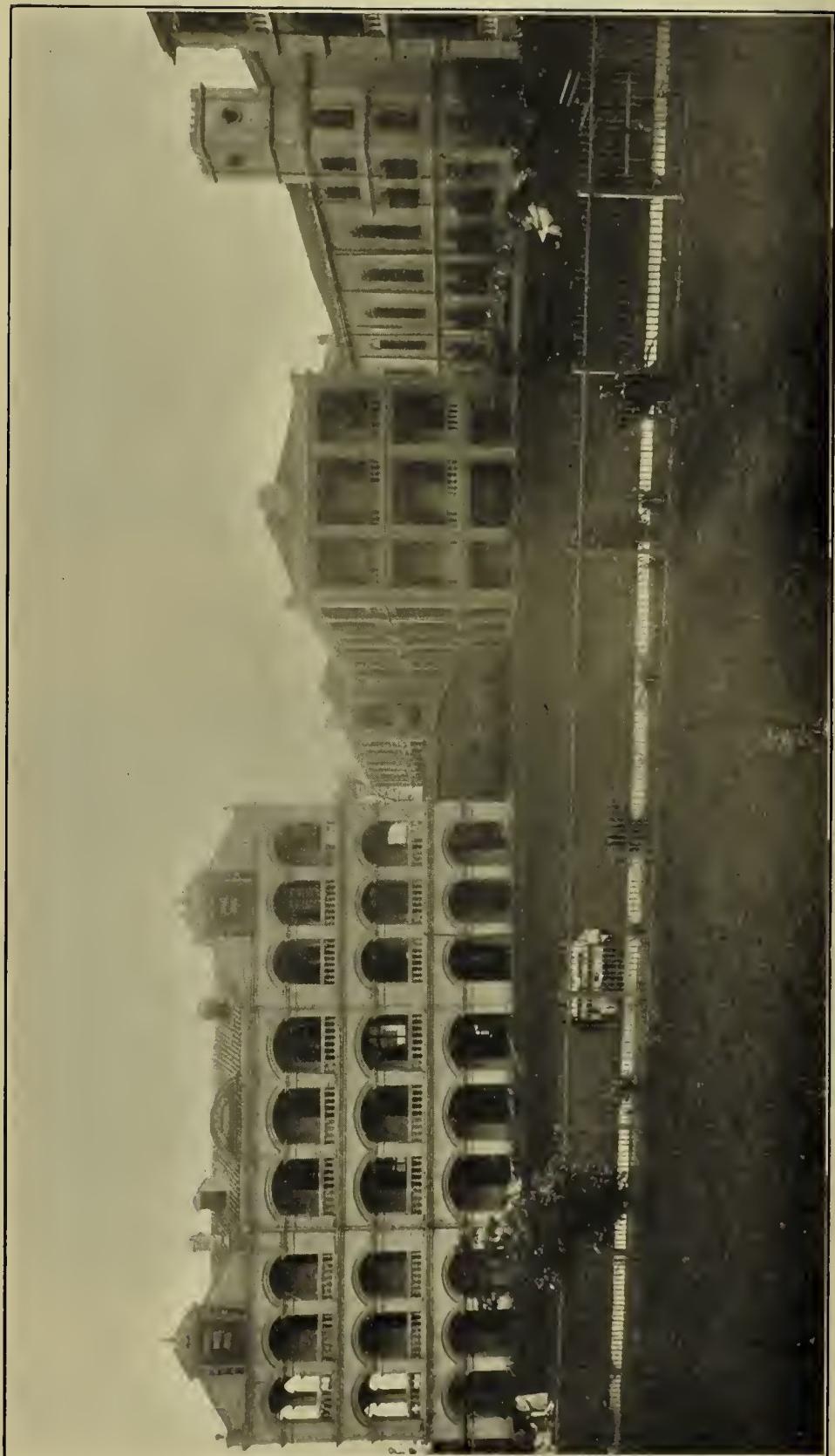


Graduates and Faculty of Hackett Medical College, 1912

Motto of College: "To give light and save life". 52
Chinese women have been graduated from the Col-
lege. One of the women members of the staff is the
most famous native surgeon in China.

Through the dispensaries fully 22,000 people have
heard the Gospel in a single year.

When the doctors are called to homes they carry



Theodore Cuyler Church Hackett Lecture Hall Hackett College Dormitory
McWilliams Building in Maternity Ward, Canton

tracts for distribution. If the time is not suitable to talk to the anxious household, the tracts are left for future reading.

Some years ago a large hospital was built in Shek Lung by the Merchants' Guild. For some reason it was not opened, and the large building stood vacant



Pupils in Dr. Niles' School for Blind, Canton, China



Leper Chapel, Canton, China

until last spring, when it was decided to open it, with a staff which included representatives of both Eastern and Western medicine.

The doctor who is in charge of the Woman's Department was formerly an assistant in the David Gregg Hospital, Canton, and teacher in the Woman's Medical College.

YEUNG KUNG—

"Forman Memorial Hospital for Men"

1902

14 beds.

Dispensary.

Hospital gift of First Presbyterian Church, Jersey City.

LIEN CHOU—

First hospital opened

1897

Destroyed by mob

1905

Medical Work for Women begun

1899

"Van Norden Hospital for Men"

1910

50 beds.

"James H. A. Brooks Hospital for Women"

1910

50 beds.

These two hospitals memorial to the martyred missionaries of Lien Chou

1905



Outside the Woman's Hospital, Lien Chou, China



In the Children's Ward, Lien Chou, China

SIANGTAN—

HUNAN:

Medical work opened 1901
"Tooker Memorial Hospital" 1906
30 beds.
Dispensary.

Land and building for the "Tooker Memorial Hospital" given by Mr. Nathaniel Tooker of East Orange, N. J., in memory of his wife.

HENGCHOW—

Medical work begun 1906
1 Hospital 1911
50 beds, room for 30 more.
1 Dispensary.

The Hospital was given by the Women's Board of New York in 1907 but was not opened for lack of equipment until 1911.

CHENCHOW—

1 Hospital.
40 beds.
1 Dispensary.

Large amount of medical itineration done from this station.

Hospital gift of Church in Warren, Pa. Equipment gift of Mrs. Henry Kuhn in memory of a son.



Nathaniel Tooker Hospital, Hunan, China



Hengchow Hospital

CHANGTEH—

Medical work opened	1899
1 Hospital for Men	1903
30 beds.	
1 Hospital for Women	1903
12 beds.	
1 Dispensary.	

First Hospital opened in Hunan Province.
 Men's Hospital was begun by the Cumberland Board.
 The first hospital opened in Hunan Province.
 Land for Woman's Hospital given by the women of
 Salt River Presbytery, Missouri.

CENTRAL CHINA:

SOOCHOW—

"Tooker Memorial Hospital for Women and Children"	1899
35 beds.	
Built by Mr. Nathaniel Tooker of East Orange, N. J., in memory of his wife.	

4 Dispensaries (3 in the country).

NINGPO—

Dispensary opened in	1844
There is a small hospital in a neighboring city with a Christian Chinese physician in charge.	

NORTH CHINA:

Union Medical Work carried on at Peking.

*Lockhart Union Medical College for Men, opened

1906

†Union Medical College for Women, opened

1908

‡Union Training School for Nurses, opened

1906

*3 classes have graduated—48 doctors; one of these took part in the anti-plague campaign.

†1 class graduated.

‡2 classes graduated.

*This College is one of the three Union Institutions established jointly by the North China Educational Union (American Board, American Presbyterian, and London Missionary Society Missions). Subsequently the Peking University of the American Methodist Episcopal Mission joined in its work. The College was built and equipped by the London Missionary Society which is especially responsible for its maintenance. The name of Lockhart was given to the College in honor of the distinguished pioneer who led the way as the first Medical Missionary of the Society, and indeed of any British Society. The main building was finished and opened in March, 1906, and the dormitory section in

1908

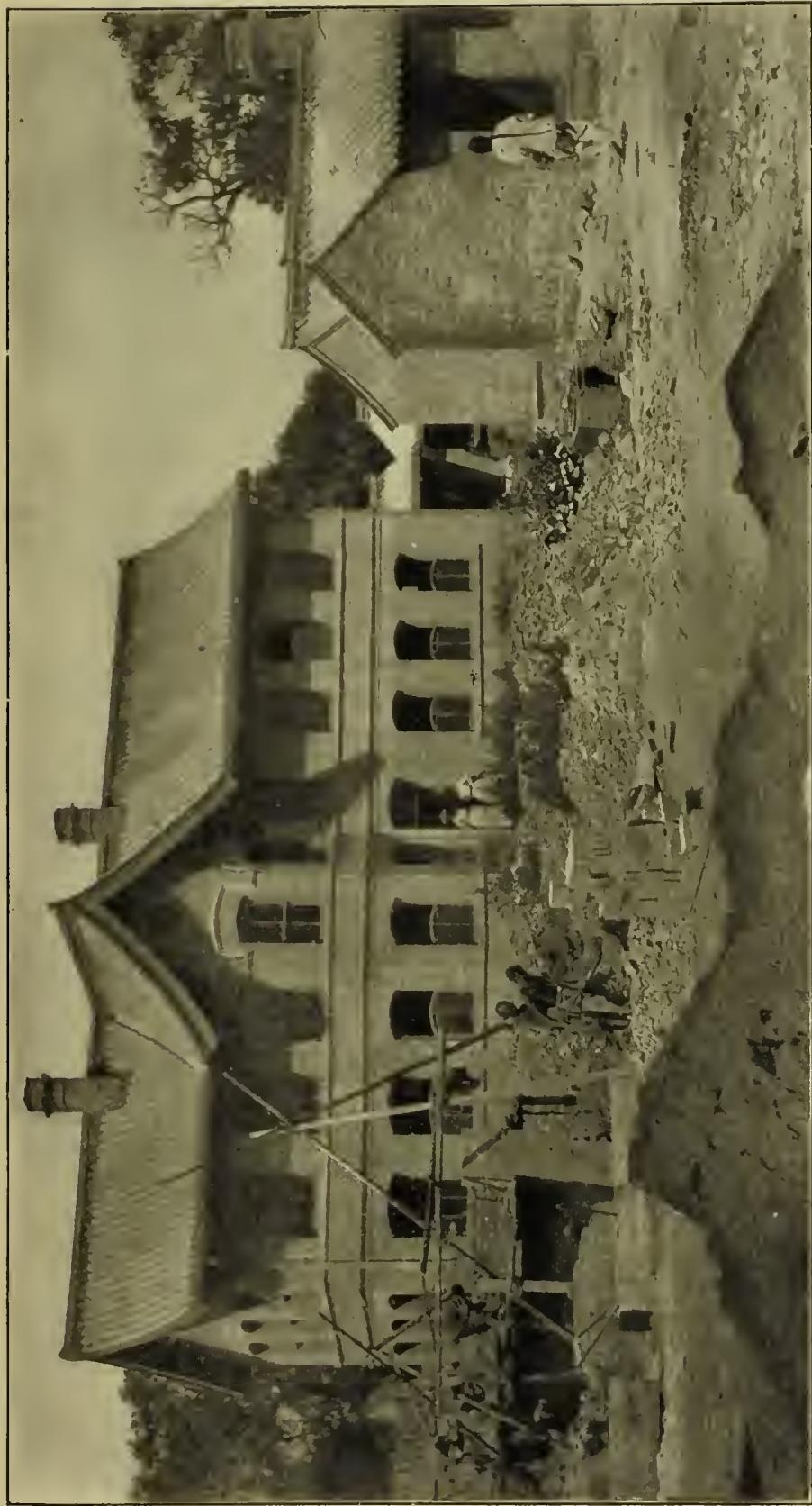
A great deal of interest in the College was aroused at the outset among the wealthy and governing classes, and Her Imperial Majesty, the late Empress Dowager of China, contributed handsomely to its funds, and sent a special Commissioner to open it. It has received another mark of favor in being registered by the Imperial Board of Education, so that its successful students receive a Government diploma.



An Ting Hospital



An Ting Dispensary



Douw Hospital for Women, Peking

PEKING—

Medical work begun	1883
An Ting Hospital for Men 22 beds.	1903
Douw Hospital for Women 18 beds.	1902
2 Dispensaries.	



Au Ding Hospital Ward—Man with broken back

PAOTINGFU—

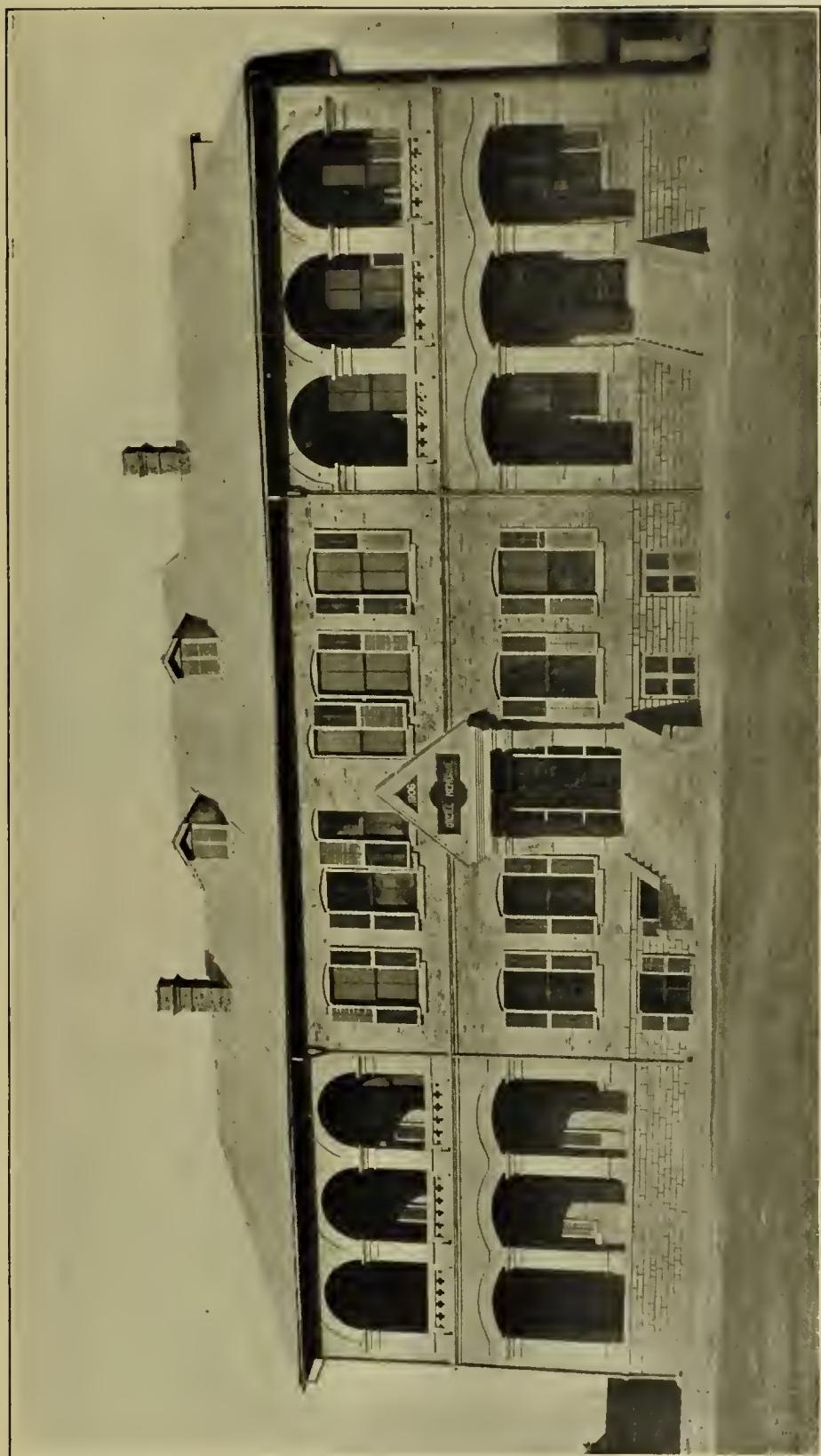
Medical work begun	1893
*“George Yardley Taylor Memorial Hospital for Men” 60 beds.	1904
“Hodge Memorial Hospital for Women” 50 beds.	1904
2 Dispensaries.	

“The George Yardley Taylor Hospital”, erected in memory of Dr. Taylor, who perished in the Boxer outbreak of 1900, by his classmates of Princeton University. Equipment provided by gift of Dr. B. C. Atterbury, of N. Y. Other buildings added by Mr. E. B. Sturgis, of Scranton, Pa.

“The Hodge Memorial Hospital”, erected with funds received from Indemnity Fund, Dr. Cortlandt Van R. Hodge having perished in the Boxer outbreak of 1900. The Indemnity was received from the Chinese Government for property destroyed at time of outbreak.

*Physician in charge has fitted up a dental room and makes his own tablets.

Hugh O'Neill Memorial Hospital, Shun Fu, China



SHUNTEFU—

Medical work begun
“Hugh O'Neill Hospital”, memorial
60 beds.
Dispensary.
Opium wards outside main building.

1904
1907

Hospital built by Mrs. Hugh O'Neill, of New York,
in memory of her husband. (See page 85.)



Hope Hospital, Hwai Yuen



Men's Ward, “Hope Hospital”

KIANGAN:

HWAI YUEN—

Medical work opened “Hope Hospital” Dispensary.	1902 1909
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Hospital building erected by Mr. W. C. Lobenstine, of New York, in memory of his wife. Has ward for women.

NANKING:

Union Medical College in connection with Nanking University	1911
Union Training School for Nurses	1910

Union of Presbyterians, North and South; Methodists, North and South; Baptists, North and South; Disciples.

SHANTUNG:

TSINAN-FU—

Union Medical College	1911
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This College is under the joint control of the English Baptist and American Presbyterian Missions Plant provided by the Baptist Missionary Society of London. Aim and policy of the College: To give a medical education under distinctively Christian influences to young men, chiefly from Christian families. When the College was opened, the Governor of Shantung made a generous gift of 1000 taels (\$700 gold).

1 Hospital	1910
40 beds.	
1 Dispensary	1910



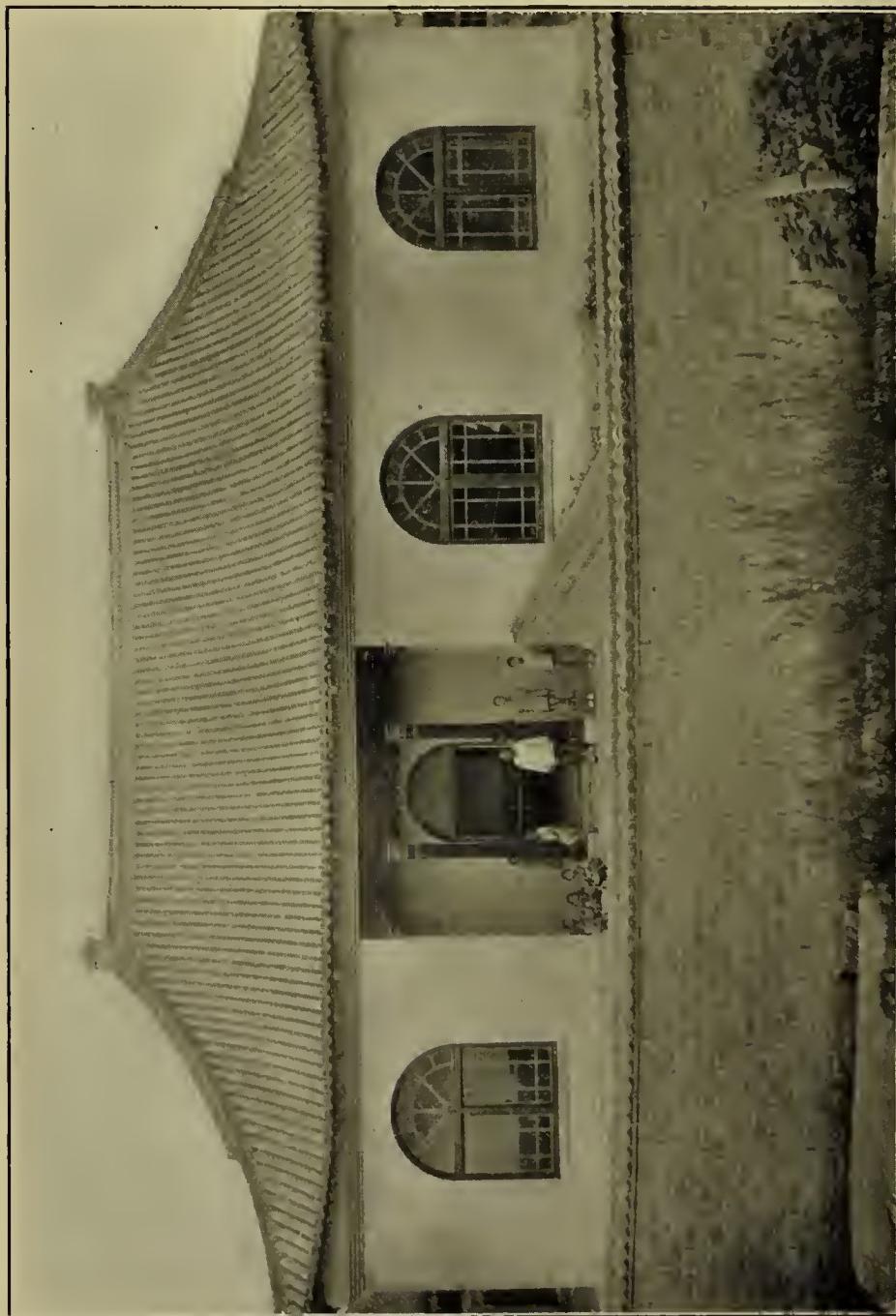
Severance Hospital, Tengchow

TENGCHOW—

Medical work opened
*Present Hospital occupied
35 beds.
2 Dispensaries.

1878
1912

*Gift of the late Mr. L. H. Severance, of Cleveland,
Ohio.



Men's Dispensary, Wei Hsien, China

CHEFOO—

Dispensary work begun
"Temple Hill" Hospital
80 beds.

1908

1913

The hospital building, the gift of Dr. O. F. Hills and
the late Mr. L. H. Severance.

The Dispensary is capable of handling 30,000 patients
annually.

TSINGTAU—

Medical itinerating work among women, under care
of a woman physician.

WEI HSIEH—

Medical work opened
Present hospitals opened
Men's Hospital.
30 beds
*Woman's Hospital.
15 beds.
3 Dispensaries opened

1882

1900

1906

*Money for an isolation ward given by Presbytery of
Minneapolis.



Women's Dispensary, Wei Hsien, China

TSINANFU—

Medical work opened	1880
Union Medical College of Shantung.	
University located here.	
“McIlvaine Memorial Hospital for Men”	1892
18 beds.	
“Louisa Y. Boyd Hospital for Women”	1899
12 beds.	
2 Dispensaries.	

The McIlvaine Memorial Hospital, erected from a part of the legacy of Rev. Jasper S. McIlvaine, as a testimony to him, he having founded the station at Tsinanfu.

The Louisa Y. Boyd Hospital, given by the late Mrs. L. Y. Boyd, of Harrisburg, Pa.

ICHOW-FU—

Medical work begun	1891
Woman's Hospital	1907
50 beds.	
2 Dispensaries.	
“Floyd D. White Memorial Hospital for Men”	1899
50 beds.	

These hospitals are called the “Jesus Hospitals”.

Women's Hospital given by the Woman's Board of the Southwest, St. Louis.

Memorial Hospital, named for young son of a Mrs. White, of Mulberry, Kansas.

TSINING—

“Rose Bachman Memorial Hospital for Men”	1894
60 beds.	
“Annie M. Hunter Memorial for Women”	1895
24 beds.	
1 Dispensary.	

“Rose Bachman Hospital” given by 1st Presbyterian Church, Utica, N. Y., in memory of pastor's wife.

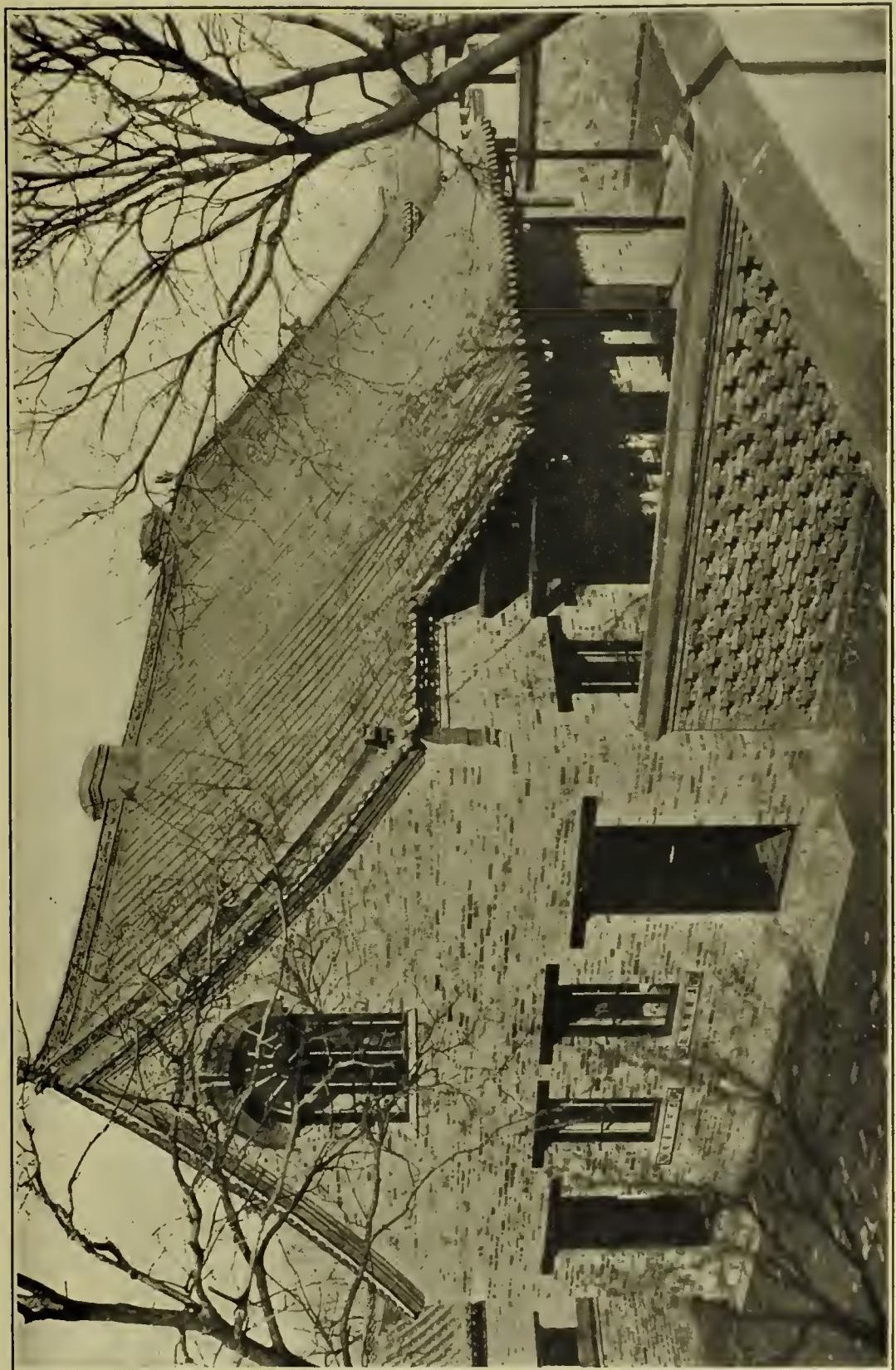
New building erected 1907 by Women's Board of New York.

“Annie M. Hunter Memorial”, given by Dr. S. A. Hunter in memory of his mother.

New equipment for men's wards to be provided from Kennedy Fund to the amount of \$1,000.

YI-HSIEN—

Hospital	1907
8 beds.	
Dispensary	1907



Rose Bachman Memorial Hospital, Tsinling, China

GUATEMALA:

Medical work begun in Guatemala City
Hospital erected
12 beds.

1906
1913

Medical work conducted in hospital and dispensary
and by visits to the homes.

It is also expected to conduct a Training School for
Nurses.

INDIA—PUNJAB:

LAHORE—

Dispensary	1849
Work conducted for a number of years by natives.	
Missionary in charge since	1891
Dispensary at <i>Wagah</i> in charge of missionary.	•

SAHARANPUR—

Dispensary	1883
Medical missionary does much medical itinerating, having a large van fitted up for the purpose.	
Municipal Leper Asylum at Saharanpur, under Mis- sion management.	

SABATHU—

Dispensary.	
Medical work opened	1866
A large Leper Asylum connected with this Station under the management of our Mission and superin- tended by a physician of the Presbyterian Board.	

LUDHIANA—

Medical work at this Station carried on in connection
with the North India School of Medicine.
The North India School of Medicine at Ludhiana was



Hindu Ward, Ludhiana

Students and Nurses of North India School of Medicine



founded in 1894 by Dr. Edith Brown in conjunction with a Committee composed of medical and educational missionaries and others who realized the need of providing medical training, combined with the influences of a Christian home, for the Christian women of India. Its primary object is to train such women as desire to engage in Zenana medical missions and to fit them to be medical missionaries to the country-women. It has received the co-operation of some of the leading missionary societies and has also been recognized by Government as a school of medicine. In view of all that was said at the World Missionary Conference about union and the emphatic need of interdenominational co-operation in supporting good schools and colleges for the training of Christian helpers, it is a matter of congratulation that, in the North India School of Medicine, such an institution has been found, one which is well worthy of support. For a number of years the North India Mission of the Presbyterian Church has loaned to the School the services of one of its medical women missionaries.

JULLUNDUR—

Station opened

1846

Medical missionary has a traveling dispensary.

AMBALA—

Medical work opened

1866

"Philadelphia Hospital for Women"

1898

20 beds.

2 Dispensaries.

1 Dispensary for Lepers.

Leper Asylum

1848



Leper Asylum, Ambala

The Philadelphia Hospital for Women has a Memorial ward in memory of Mary N. Thorpe, of Philadelphia, called the "Family Ward". Here the relatives can stay and cook for the patients. Necessary on account of caste. Hospital built by Woman's Foreign Missionary Society of Philadelphia, on the 25th anniversary of organization of Society.

HOSHYARPORE—

Dispensary	1901
"Denny Hospital for Women and Children".	
10 beds.	

Hospital was given by Miss Anna Denny of Brick Presbyterian Church, New York City.

FEROZEPUR—

Dispensary	1882
Hospital work begun	1893
"Francis Newton Hospital for Women and Children"	1894

Medical itineration at outstation of *Kasur*.

Hospital built by late Mrs. Frank J. Newton.

N. INDIA:

ALLAHABAD—

*Dispensary work begun	1874
"Sara Seward Hospital for Women"	1896
22 beds.	

*Allahabad Dispensary was opened August 11, 1890, in which year the number of patients treated numbered 3,738. During a plague epidemic in 1902, the hospital dispensary record showed an attendance of over 18,000 from January to August.

At the close of one year of work in the dispensary, during which nearly nine thousand patients were treated, the physician in charge says:

"A closer acquaintance with the people has given an increasing influence for good along many lines. It is often very gratifying to see the efforts made to carry out directions, under great difficulties. Mothers, none too well themselves, will come long distances on foot day after day, bringing in their arms sick children for dressing or treatment, when caste customs will not allow them to remain over night in the hospital. Some have asked to be allowed to stay all day to get the medicine regularly from the nurse and then go home for the night returning the next morning. I always let them, for by seeing something of the hospital they become less superstitious."

"All the patients are daily taught from the Bible, and the nurses also have a daily lesson with the Bible woman. Each morning the hospital staff assemble in

the dressing room for prayers and then the day's work begins. We have been able to open several homes where the Bible had never been taught, and now some take great pleasure in preparing their Scripture lessons, where a short time ago there was only bitter opposition to Christianity.

"It is encouraging to see that some of the parents are remembering not to give opium to the children, though it is still the usual thing and the panacea for all ills of both old and young. One of my most pleasant duties is the attendance, medically, of several schools. The difference between the uneducated women and girls and those in the schools, such as the Mary Wanamaker High School and the Lady Muir Memorial Training School, is most marked."

Hospital work begun in 1889, but no building having been opened until 1896, the buildings erected by Dr. Seward having been used as a dispensary up to 1896. The "Sara Seward Hospital" was named in memory of the devoted missionary by that name who was on the field for seventeen years and died of cholera in 1891.



Sarah Seward Hospital, Allahabad, India

ETAH—

Dispensary work begun
In charge of a trained compounder.

1900

FATEHGARH—

Medical work begun
Memorial Dispensary

1903
1910

Memorial Dispensary built and equipped by Dr.
Anna M. Fullerton and Miss Mary Fullerton
Given to Mission in

1907
1903

Dispensary at outstation of *Barhpur*.

This is for boys connected with the Barhpur orphanage.

W. INDIA:

KOLHAPUR—

Medical work opened	1906
Conducted at first by a lay missionary during an outbreak of cholera.	
2 Dispensaries.	
"Mary Wanless Memorial Hospital"	1910
20 beds.	

The Memorial Hospital was given by His Highness, the Maharajah of Kolhapur, as an appreciation of the services of the medical staff of the Miraj Hospital who attended him after a serious accident. Named for the late Mrs. W. J. Wanless, of Miraj.

KODOLI—

Medical work opened	1901
Hospital (built by famine labor).	
25 beds.	
Dispensary.	
Hospital temporarily closed and Dispensary in charge of an Indian assistant and superintended by the Miraj Hospital Staff.	

VENGURLE—

Dispensary—work begun	1907
Hospital	1908
26 beds.	
2 out-station dispensaries.	
Training classes for nurses and compounders.	

SANGLI—

Dispensary work	1887
This work was begun by Dr. Wanless and continued by him for two years until he was transferred to Miraj. The dispensary was first fitted up in one end of the school-house on the compound. A bathroom, 5 x 8 feet, with the addition of shelves made out of packing boxes, served as a compounding room. Another room, 8 x 12, with a table and chair, served as a consulting room. The open court in front of the school was the waiting room. Later an old building in the city, with greater space, was secured, fitted with a new door and windows, sink for washing purposes, rough shelving for bottles, packing boxes for cupboards, a cloth ceiling for protection against the dust which blew in through the tile roof and curtain separating the consulting and compounding from the preaching and waiting room, with a few rude benches.	

MIRAJ—

Hospital	1891
New Building	1904
75 beds.	
Dispensary at Station.	
3 Dispensaries at out-stations.	
Medical School.	
Training School for Nurses.	
Leper Asylum	1901

Land for the Hospital was secured through the friendliness of a prime minister of the State of Miraj who had been a patient of the physician in charge.

The Hospital was the gift of the late Mr. John H. Converse, of Philadelphia, who said that it was his "best investment". Before he died he had the satisfaction of knowing that about half a million patients had received treatment in this institution. In one year alone the total number of in-patients was almost 1,500. There were over 30,000 in attendance at the dispensary and 2,605 operations performed, of which over 500 were for cataract.

The Hospital has fine operating room, with lecture hall and laboratory for the medical school.



Miraj Hospital

The present Sheriff of Bombay (1913) has given an X-ray apparatus to the Hospital, and His Highness, the Maharajah of Kolhapur has presented to the institution a plot of six and a half acres of land on which to erect more buildings as funds shall warrant. A new *Home for the Nurses* is being built as the Jubilee offering of the Presbyterian women of Washington, D. C.

The Lepper Asylum is supported by the Mission to Lepers in India and the East, but superintended by the missionary staff at Miraj station.

The Medical School is for the training of Indian Christian young men.

NOTE.—At a meeting of the Medical Missionary Association of India held in Bombay in February, 1909, resolutions were passed and a special interdenominational committee appointed with the object of establishing in connection with one of the existing Missionary hospitals, a Union Medical College for the training of Indian Christian young men to work among the village population in India. With this in prospect the Medical School at Miraj is being enlarged. The Medical Association of India has endorsed it, and it is only a question of when they have the money to go ahead.

KOREA:

SEOUL—

Medical work opened	1884
“Severance Hospital”	1905
48 beds.	
Medical College and Dispensary	1905
New buildings	1913
Nurses’ Training School	1905
Dispensary, memorial.	

Memorial dispensary established with gifts from Mrs. Hugh O’Neill, of New York.



Severance Medical College and Hospital, Seoul



Ward in Severance Hospital

"Severance Hospital", given by the late Mr. L. H. Severance, of Cleveland, Ohio, in memory of his wife.



First Graduates of Severance Hospital, Korea

Hospital has an isolation building accommodating 6 patients, pharmacy, dental and optical departments. Also a Pasteur Institute with rabbit pen attached where rabietic virus can be produced.

From the Report of the Korea Mission (1913) we quote: "Severance" is now an almost universal contraction for "Severance Hospital", and it is used to denote the whole plant which has passed the original and simple stage of hospital and has become an institution, for it is gradually developing towards its ideal of being the many-sided institution which will make it complete within itself along the lines of an all-round medical plant.

This ideal:

1. A hospital equipped and manned with such American workers as will make it as capable of giving relief from suffering and saving life as any similar institution in America.
2. The instruction of Koreans as physicians to be associated with and in due time replace Americans without loss of efficiency to the plant.
3. The instruction and training of Korean women as nurses on the same basis as the doctors.
4. The training of specially capable doctors and nurses as specialists and teachers so as to make possible the teaching of numbers to do effective medical and nursing work throughout the whole country.
5. The development of a school manned ultimately by these trained Koreans.
6. The addition of a department of medical research both for training native scientists and investigating and determining the cause and cure of diseases existing in Korea.
7. A dental department for treatment and teaching.
8. A pharmaceutical department with similar aim and with the additional one of providing the rest of our institutions with prepared drugs and appliances.
9. An optical department for the relief of diseases, refraction and the manufacture of lenses.
10. To provide for a considerable supporting revenue by the careful conduct of those lines of business which are naturally closely allied to medical work, such as manufacturing and wholesale pharmacy, optical manufacturing and sales department, etc.

PYENG YANG—

Medical work begun
"Caroline A. Ladd Hospital"
25 beds.

1895
1906

Hospital was given by the late Mrs. Wm. S. Ladd, who was President of the North Pacific Board of Missions for twenty-one years.



Waiting Room and Chapel, "Caroline A. Ladd Hospital", Pyeng Yang

This hospital is called by the natives the "Jesus Doctrine Hospital".

Mr. W. M. Ladd, of Portland, has made a yearly gift of \$250 for charity beds.

<i>FUSAN</i> —Medical work begun	1891
"Junkin Memorial Hospital"	1900
25 beds.	
"Mary Collins Whiting Dispensary"	1900
Dispensary was begun in	1892
Small hospital	1893
Leper Asylum.	



The Leper Asylum near Fusan, Korea



Syen-Chun Hospital

SYEN CHUN—

Work begun	1901
Dispensary built	1905
Hospital	1906
16 beds.	

Medical students under instruction.

The hospital building was the gift of California Young People's Societies.

TAIKU—

Work begun	1898
Hospital, 25 beds.	
Dispensary.	

CHAI RYONG—

Work begun	1906
Hospital	1907
12 beds.	
1 Dispensary.	

Hospital was gift of Madison Avenue Presbyterian Church, New York City.

CHONG JU—

Dispensary—work begun	1907
"Duncan Memorial Hospital"	1910
20 beds.	

Hospital gift of Mrs. John P. Duncan, of New York.

AN DONG—

Medical work begun	1911
Dispensary.	
"Cornelius Baker Memorial Hospital" (in process of erection).	
Given by Mrs. A. F. Schaufler, New York City, in memory of her father.	



"Duncan Hospital", Chong Ju

KANG KAI—

Medical work opened	1909
Hospital	1911
30 beds.	
1 Dispensary.	

Hospital given by the late Mr. John S. Kennedy, of New York City.

E. PERSIA:

TEHERAN—

Medical work opened	1881
Hospital for Men and Women	1892
2 Dispensaries.	

Land for Hospital given by Prime Minister. Woman's Ward given by mother of a nobleman.

Several classes of physicians have been educated here.

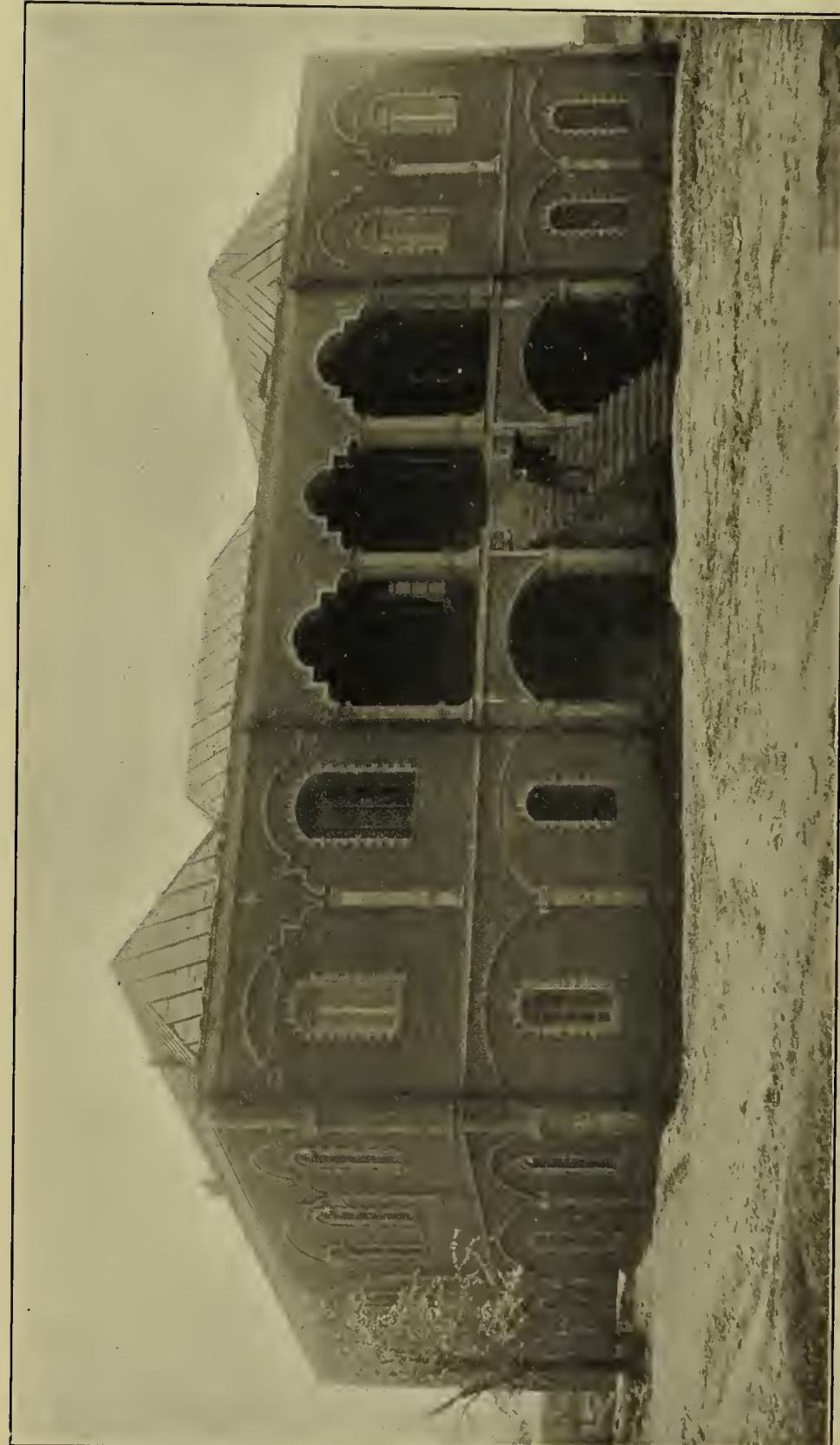
HAMADAN—

2 Dispensaries	1881
"Lily Reid Holt Memorial Hospital for Men"	1907
25 beds.	
"Whipple Memorial Hospital for Women"	1902
8 beds.	

The "Lily Reid Holt Memorial Hospital" result of gifts through Mrs. Simon Reid, Lake Forest, Ill.



Hospital at Teheran, Persia



"Lily Reid Memorial Hospital"

The "Whipple Memorial Hospital" in Memory of Mr. W. L. Whipple, missionary in Hamadan from 1872-79 and 1899-1901. Funds collected by his widow.



Operating Room, Teheran Hospital

RESHT—

Medical work opened	1905
Dispensary.	
Hospital	1909
7 beds.	

Branch dispensary and drug room in Lahijan, 30 miles east of Resht.



Room in Hospital, Resht, Persia



Hospital patients, Resht, Persia

KASVIN—

Medical work begun
Dispensary.

1902



Patients of Kasvin Dispensary, Persia

KERMANSHAH—

Opened as a Station in
Dispensary carried on in private house.

1911

W. PERSIA:

URUMIA—

Medical work begun
Dispensary.
“Westminster Hospital”
100 beds.
“Howard Annex for Women”

1835

1880

1890

The central building of the Westminster Hospital
given by Mr. S. M. Clements, of Buffalo, in memory



One of the wards, Westminster Hospital, Urumia, Persia

of Dr. Joseph P. Cochran, for twenty-seven years a medical missionary at Uriumia.

TABRIZ—

Medical work begun	1873
*“Whipple Hospital for Women”	1901
12 beds.	
Dispensary for Men.	
Dispensary for Women.	

Hospital named for Rev. W. L. Whipple, who left the field in 1901 and who, on leaving, gave his residence for a hospital for women.

*Not in operation at present.



Men's Hospital, Tabriz



Whipple Hospital for Women, Tabriz

PHILIPPINES:

ILOILO—

Medical work begun	1899
"Sabine Haines Memorial Hospital"	1905
65 beds.	
1 Dispensary.	
Nurses' Training School.	

Hospital named in memory of the son of Mr. and Mrs. Charles D. Haines, of New York. This is a *Union Hospital* with the Baptists. 52 of the 65 beds are for the poor.

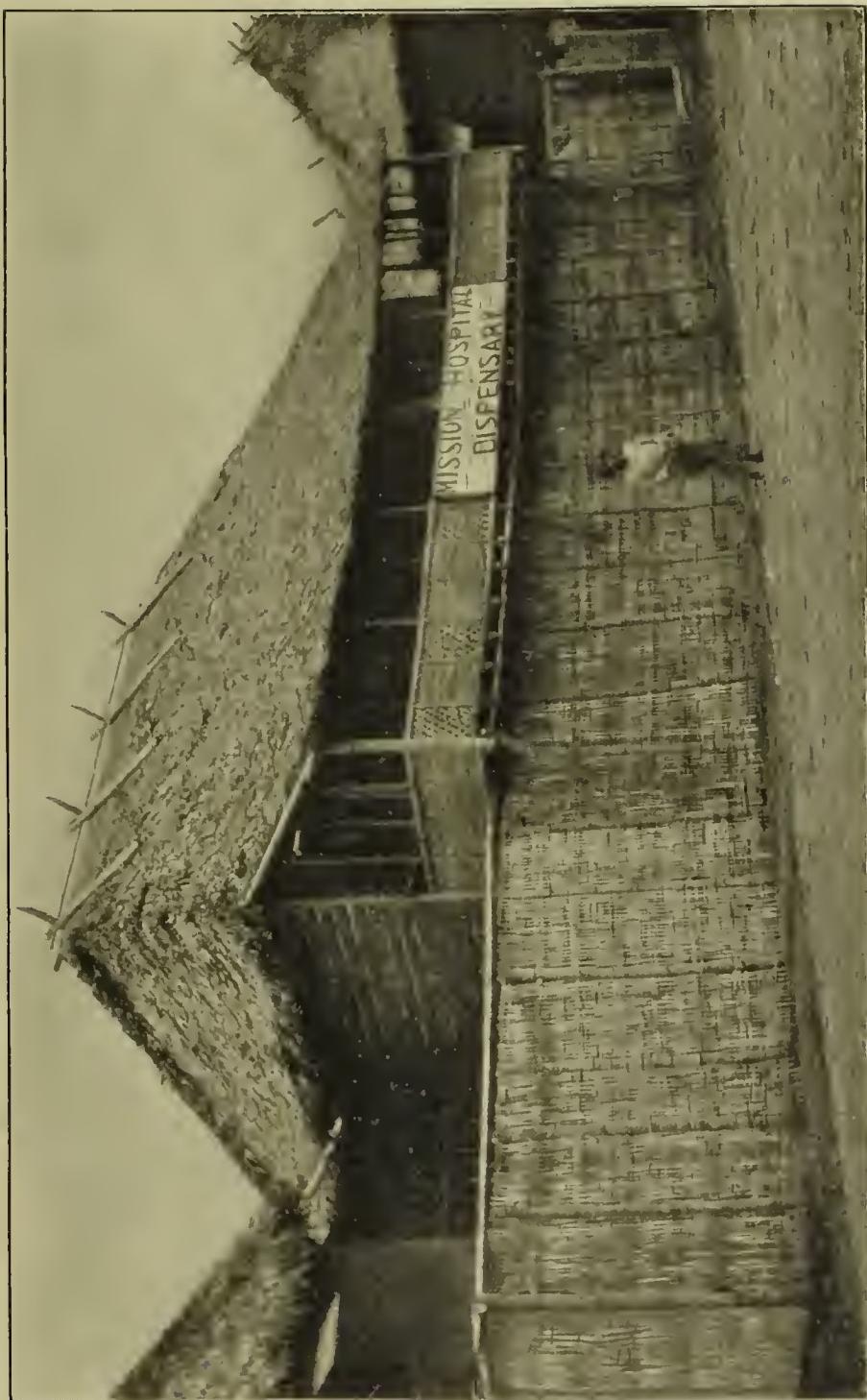
Concrete ward for women given by Mr. and Mrs. Dunwoody, of Minneapolis.

The first hospital to be opened in the Islands for the care of the poor.

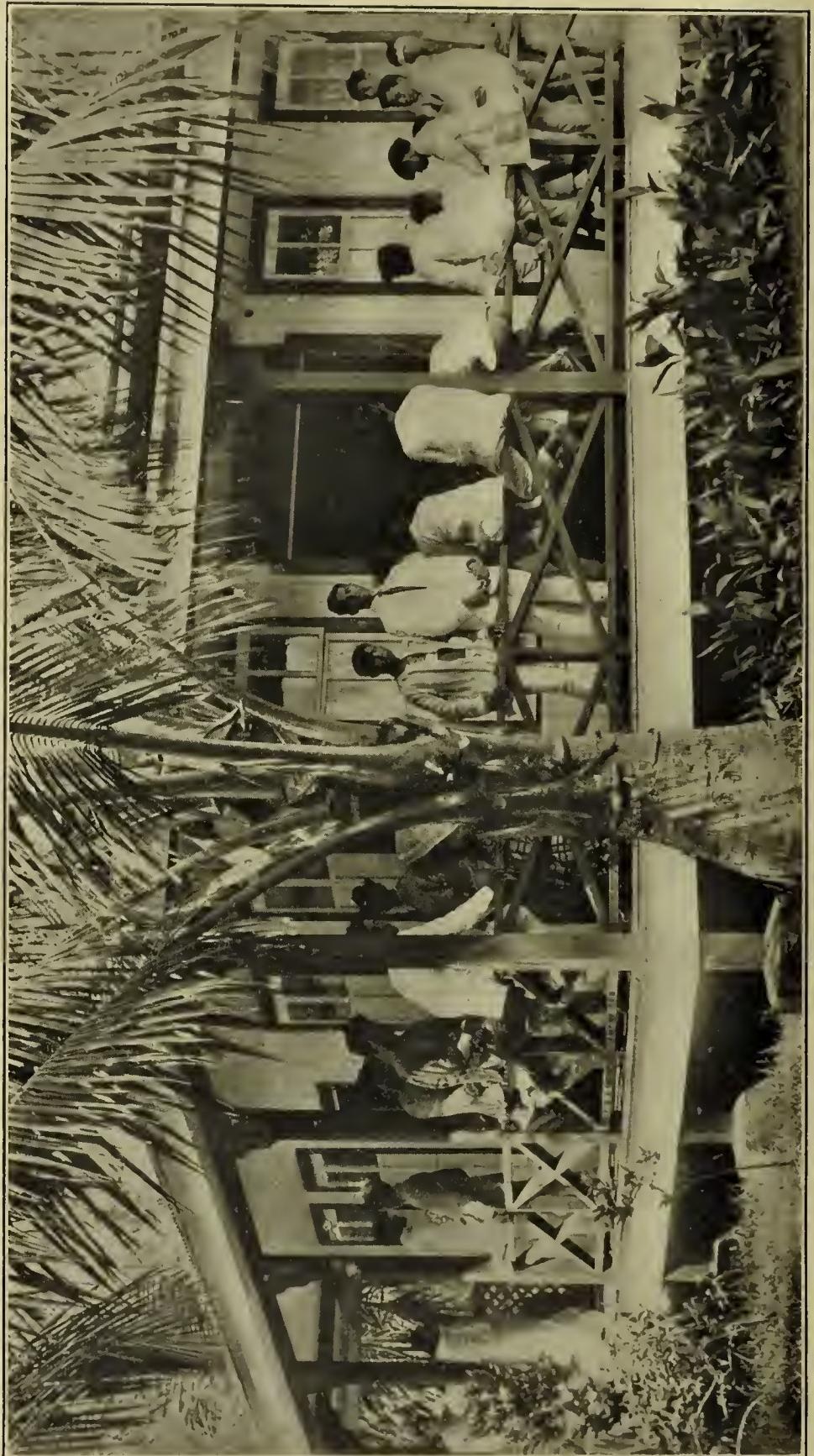
Training School graduated the first nurses trained in the Philippine Islands.



Iloilo Hospital, Dunwoody Annex



Hospital Dispensary, Iloilo



Group of patients, Mission Hospital, Dumaguete

DUMAGUETE—

Medical work begun	1901
Hospital	1903
40 beds.	
Dispensary.	

Ice plant for hospital given as a memorial to Willard Hubbell, son of Mr. and Mrs. Clarence W. Hubbell, director of Public Works for the Philippines, by Mrs. George R. Clark, of Detroit, Mich.

LEYTE—

Hospital	1907
Dispensary.	

TAGBILARAN—

Medical work opened in	1909
Hospital.	
Dispensary.	



Chapel and Hospital, Tagbilaran

BOHOL—

Work opened	1909
Hospital.	
20 beds.	

Built from Kennedy Fund.

LAGUNA—

Medical work begun	1907
Dispensary.	

Large medical work carried on in out-patient visits.
Work among the Lepers at the Government Leper Colony on the Island of Culion in charge of a Filipino evangelist.



Dispensary, Tagbilaran

SIAM:

BANGKOK—

Medical work begun	1887
Hospital	1909
40 beds.	
Dispensary.	

Hospital—The building now occupied by hospital and dispensary has been loaned during his lifetime by the Vice-minister of the Department of Foreign Affairs who became interested in the work being done



Bangkok Hospital

by the physician in charge. The building, originally a tenement house, has been transformed into a two-story hospital with five wards accommodating 40 patients.

In offering the use of the building the Vice-Minister made the following conditions:

1. "That charitable medical work shall always be done in the hospital.

2. "That the hospital shall not become a money-making institution, nor be diverted in any way from medical missionary work, but fees shall be charged to those who are able to pay and donations may be received to provide for the expenses of the hospital and upkeep of the rooms of the hospital in repairs both in and out.

3. "That the Mission shall permanently provide a medical missionary who shall have charge of the hospital, including such religious exercises he may see fit, but during the absence on furlough of such medical missionary, if the Mission should find that no suitable medical missionary were available for this work, I consent to have the hospital closed after suitable notice until his return, with the understanding that it will then be opened.

4. "That in case the Mission should fail to carry out these conditions, or for any other reason should be obliged to abandon this hospital work at any time, the building shall revert thereby to my use and control. It is my intention to include in this offer other rooms of this row of buildings as the needs and growth of the work may demand, and this offer shall remain in force as long as the Mission fulfills the above conditions. I request that you make known this offer to your Board in New York, with whatever recommendation your Mission may see fit to make and with my assurance that the hospital will remain wholly under the control of the Siam Mission."

The operating-room outfit was contributed by the First Church of Oak Park, Ill.

PETCHABURI—

Medical work begun
Hospital, 32 beds.
Dispensary.

1861

The King of Siam, in 1888, gave \$2,400 toward the enlargement to the Hospital to show his appreciation of the work.

Ward for women, given by Queen of Siam.
First Church, Pittsburgh, gave equipment for operating-room.

1895

RATBURI—

Medical work begun	1889
Dispensary	1889
Hospital	1896
10 beds.	

Land and hospital buildings occupied rent free on condition that school and medical work shall be maintained. Given by Government. Native physician in charge.

PITSANULOKE—

Medical work begun	1899
Hospital	1908
24 beds.	
2 Dispensaries	1899
Branch Dispensary and preaching place in market	1909

A small hospital of 14 beds was built in 1890, but the present building was not completed finally until 1908 when a new ward and operating room were added. The Hospital was given by the High Commissioner of the region as a memorial to his mother.

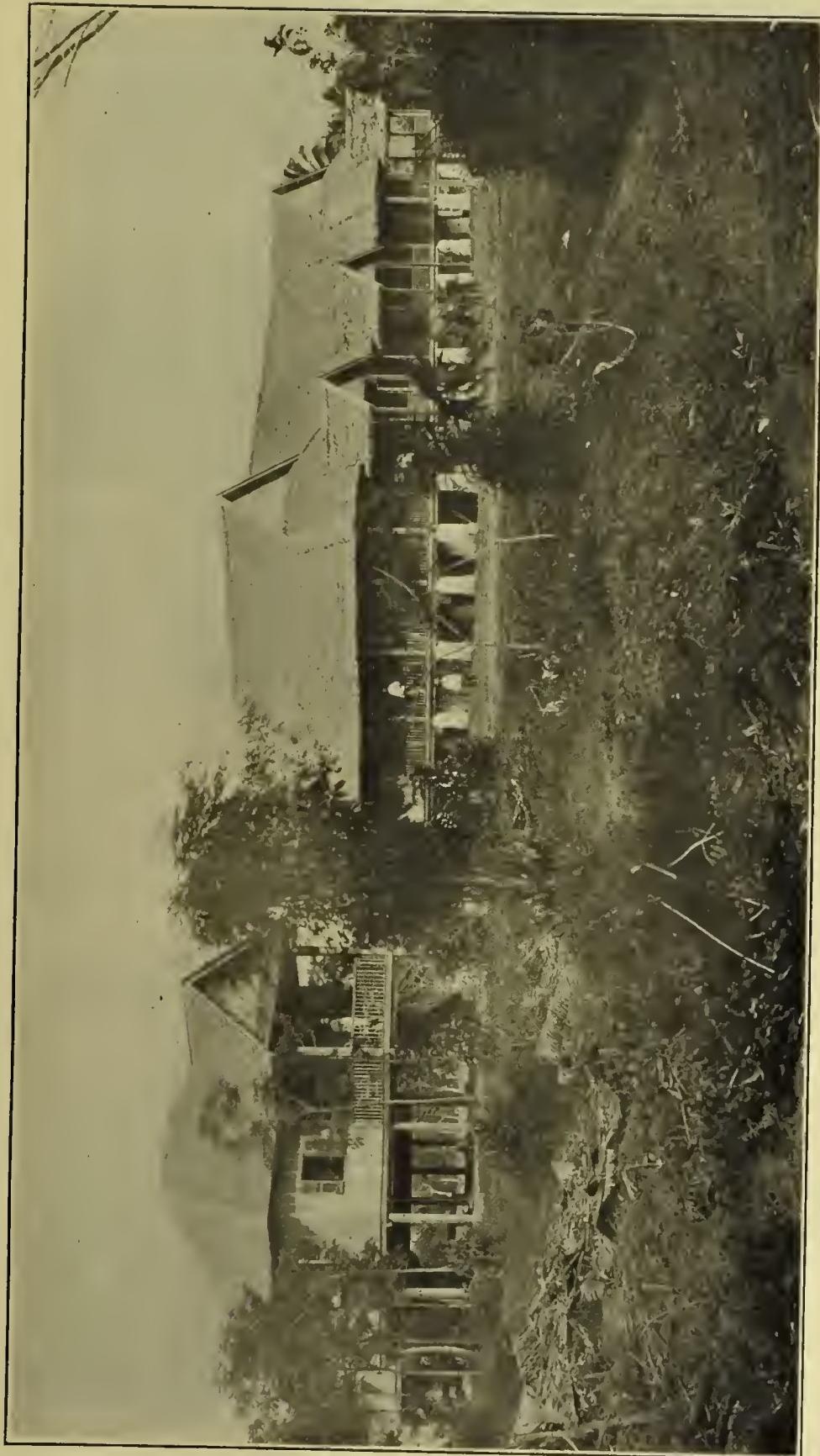
NAKAWN—

Medical work begun in	1883
Dispensary.	
“Sri Tamarat Hospital” (Memorial)	1907
40 beds.	

Land for Hospital given by Government on payment of nominal fee; hospital erected largely by gifts from Siamese friends. Beds are nearly all memorial, given by Siamese nobles. Waterworks, kitchen and dining room given by King when he was Crown Prince.



Administration Building, Sri Tamarat Hospital



Hospital and Doctor's House, Tap Teang



Dispensary, Sri Tamarat Hospital

TAP TEANG—

Hospital

28 beds.

1 Dispensary.

1911

Given by the High Commissioner of Puket Province
in gratitude for his recovery from a serious illness. He
was treated by a missionary of the Board.

LAOS:

CHIENG MAI—

Medical work begun by Dr. McGilvary

1867

Hospital

1887

12 beds.



Chieng Mai Leper Asylum

Dispensary

1875

Leper Asylum, 32 inmates; 49 patients under care of Asylum.

Land for the Leper Asylum given by a son of the last King of Laos. Asylum located on an island in the Me Ling River.



Lepers at Chieng Mai

The ground for the Hospital was given by a brother of the King several years before the Hospital building was erected, with the provision that it be used for missionary purposes only. The donor himself was a Buddhist.

LAKAWN—

Medical work begun	1885
Hospital given by the Governor of the Province 16 beds.	1892
"Van Santvoord Memorial Hospital"	1904
Ward for Women and Children added	1906
2 Dispensaries.	
25 beds in all.	

Memorial Ward given by Miss Van Santvoord and Mrs. Wilton Merle Smith, New York City.

Another ward given by five men of Lakawn, headed by the Governor's brother. One of the men gave teak logs for the work and assisted in the erection to show his gratitude for the care of his wife and son in the hospital.

NAN—

Medical work begun	1883
Hospital	1900
Dispensary	1895

CHIENG RAI—

Medical work begun 1897
“Overbrook Memorial Hospital” 1911
44 beds.
Dispensary.
20 Branch Dispensaries.

Hospital given in memoriam by family of Mr. John B. Gest, of Philadelphia. Furnished and equipped by Mr. John M. Gest.

PRE—

1 Hospital.
1 Dispensary.

SYRIA:

BEIRUT—

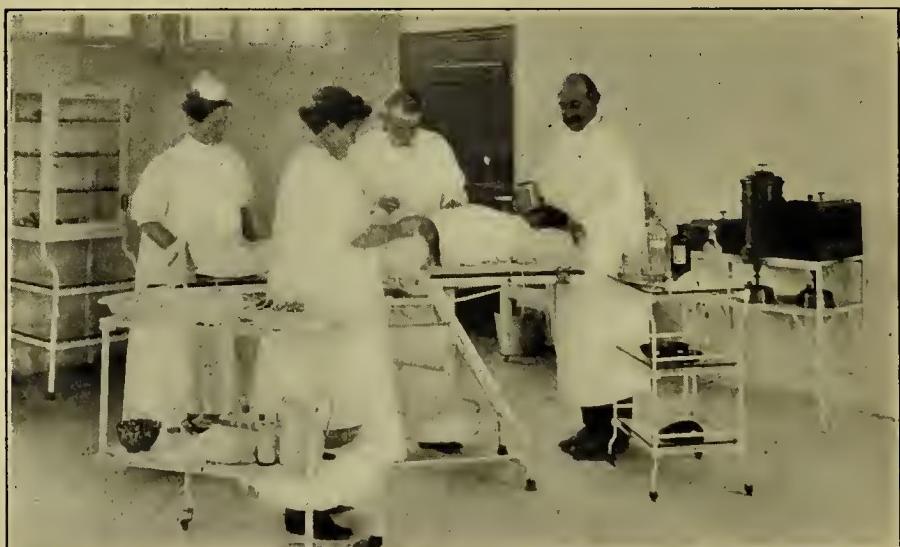
Medical work begun 1863
No medical work under care of the Presbyterian Board, owing to the presence of the Johanniter Hospital in this city, supported by the German order of the Knights of St. John, and cared for by the medical staff of the Syrian Protestant College.

*JUNIEH—*15 miles across the Bay from Beirut.

2 Dispensaries. 1903
1 Hospital
30 beds.
Tuberculosis Sanitorium 1908

TRIPOLI—

Medical work begun 1863
2 Dispensaries.
“Kennedy Memorial Hospital”.
40 beds.
Medical work for women under care of woman physician, begun 1908



Tripoli Hospital

The printed labels with Arabic on the Margin are used on bottles of medicine dispensed at the Hospital. As the natives never take off a label on a bottle when they wash it they have the texts constantly before them when they use the bottle. We give a reproduction of one.

It is common to see bottles in daily use with a highly colored label of "Beer", "Cognac" and "Whisky" still on; but the hospital medicine bottle, with its label on which are Bible texts, is a constant reminder of the Word of God and will do the readers good, not harm.

This is one of the labels pasted on the bottles of medicine that is dispensed at the Presbyterian Mission Hospital at Tripoli, Syria.

But if we walk in the light, as He is in the light, we have fellowship one with another, and the blood of Jesus Christ His Son cleanseth us from all sin.—1st John 1:7.

And in none other is there salvation: for neither is there any other name under heaven, that is given among men, wherein we must be saved.—Acts 4:12.

I create the fruit of the lips; Peace, peace, to him that is far off, and to him that is near, saith Jehovah; and I will heal him.—Isaiah 57:19.

Bless Jehovah, O my soul,
And forget not all his benefits:
Who forgiveth all thine iniquities;
Who healeth all thy diseases.—Psalms 103:2, 3.

TOTAL OF HOSPITALS AND DISPENSARIES

	<i>Hospitals</i>	<i>Dispensaries</i>
Africa	3	6
China	29	34
India	8	21
Guatemala	1	
Korea	10	7
Persia	6	10
Philippines	4	5
Siam	6	7
Laos	5	26
Syria	2	4
	—	—
	74	120
Institutions for Blind and Deaf.		3
Leper Asylums		6
Medical Schools and Colleges.		3
Refuge for Insane		1
Training Schools for Nurses.		4
Union Hospitals and Dispensaries.		3
Union Medical Colleges.		4
Union Schools for Nurses.		2

APPENDIX C.

Number of patients treated in Hospitals and Dispensaries for ten years, ending April 1st, 1913:

Total treated 4,340,232

Total by countries:

Africa	77,329
China	1,524,467
Guatemala (3 years)	5,613
India	1,274,237
Korea	500,367
Philippines	116,397
Persia	363,573
Siam	140,019
Laos	216,185
Syria	122,045
Total.....	4,340,232

Total of grant by the Board for Medical work for ten years ending April 1st, 1913, \$261,584.

Total of amount raised on the field for medical work in the same period, \$450,114.

The amount appropriated by the Board does not include the salaries of the medical missionaries, new property or repairs on old.

Cost per patient (not including missionaries' salaries, or property, which would approximately double it), 16 cents.

APPENDIX D.

Partial list of diseases treated by the medical missionary in the various countries where the Board carries on Medical Mission work:

AFRICA:

Dengue fever.
Eye-worm.
Hook-worm.
Leprosy.
Malaria.
Skin diseases of all kinds.
Sleeping sickness.
Smallpox.
Ulcers.

CHINA:

Beri-Beri.
Cholera—treated with saline infusion.
Digestive troubles—especially intestinal parasites.
Diseases of the eye:
 Cataracts.
 Entropion—inturned eyelashes.
 Trachoma.
Dropsy.
Dysentery.
Fistula in Ano—very common.
Gangrene—senile, etc.
Goitre.
Hook-worm.
Hydrophobia.
Insanity:
 Epileptic.
 Melancholia.
 Paresis.
 Paranoia.
Kala Azar.

Leprosy.
Lock-jaw.
Malaria.
Measles and other exanthemata.
Opium intoxication.
Plague—bubonic and pneumonic.
Rheumatism.
Scarlet fever.
Skin diseases—all forms.
Small-pox.
Spleno-megaly.
Syphilis—acquired and hereditary.
Tuberculosis in various forms—one-third to one-half of all cases.
Tumors.
Typhus fever.
Vesical calculus.

GUATEMALA:

Dysentery.
Enteritis.
Gastro-enteritis.
Intestinal parasites:
 Hook-worm.
 Tapec-worm.
Measles.
Small-pox.
Whooping cough.
Stomach and intestinal troubles prevalent.

INDIA:

Ankylostomiasis (Hook-worm disease).
Beri-Beri.
Cataracts.
Cholera.
Dengue fever.
Dysentery.
Elephantiasis.
Guinea-worm.
Gynecological surgery.
Intestinal parasites.
Kala Azar.
Leprosy.
Liver abscess.
Malaria.
Mycetoma (Fungus foot).
Plague.
Relapsing fever.
Stone.
Tuberculosis.
Ulcers—stomach and duodenum.

KOREA:

Diseases of the Ear:
 Mastoiditis.
 Otitis—externa.
 Otitis—media.
 Rupture of membrane—by violence.
 Surditis.
Diseases of the Eye:
 Astigmatism.
 Blepharitis.
 Cataract.
 Chalzzion.
 Conjunctivitis.
 Corneal Ulcer.
 Dacrocystitis.
 Entropion.
 Hemeralopia.

Note.—In Shantung reported that one-third of all cases are tubercular, one-third venereal, and other diseases claim other third.

Note.—In 1903 reported epidemics of "plague, cholera, dysentery, measles, small-pox, catarrhal ophthalmia, influenza, dengue or remittent fever."

KOREA : Continued

Hordeolum.	Arthritis.
Hypopion.	Arterio-palpitatio.
Iritis.	Arterio-sclerosis.
Keratitis.	Boils.
Leucoma—very common.	Bronchitis, acute and chronic —common.
Pan-opthalmritis—common.	Broncho-pneumonia.
Pythiosis bulbi—common.	Cancerum oris.
Pterygium.	Cancer.
Ptosis.	Carbuncles.
Staphyloma—common.	Carcinoma.
Trachoma—common.	Catarrhus—acute gastric.
Diseases of Nose:	Cellutitis.
Polypus.	Congestion of the lungs.
Rhinitis—acute.	Condylomata.
atrophic.	Dental caries.
chronic.	Dermatitis.
Septal deviation.	Eczema.
Infectious diseases:	Empyema.
Cholera—rare.	Endometritis.
Diphtheria.	Enteroptosis—common.
Dysentery.	Espohago—stenosis.
Erysipelas.	Epidiymitis.
Malaria.	Fistula in Ano.
Measles.	Gall stone.
Mumps.	Ganglion.
Pertussis—"donkey cough".	Gangrene.
Pyemia.	Gastrecrasis.
Rheumatism.	Gastrophtosis.
Tuberculosis.	Gastro-intestinal.
Typhoid.	Gonorrhea—common.
Typhus.	Hematuria.
Variola.	Hemorrhoids.
Nervous diseases:	Hemoptyisis.
Brain abscess.	Hepatic cirrhodid.
Cephalagia—anemic, com-	Hernia.
mon, ocular, specific.	Herpes.
Epilepsy—major, minor,	Hydrocele.
traumatic.	Hypertrophied tonsils.
Edema.	Icterus.
Hemiplegia.	Impetigo.
Hernia of the brain.	Ischio-rectal abscess.
Insomnia.	Jaundice.
Melancholia.	Keloid.
Meningitis.	Kidney diseases.
Monoplegia.	Laryngitis.
Neurasthenia.	Liver abscess.
Paralysis.	Lupus Erythematis.
Tic.	Lymphadenitis.
Torticollis.	Malaria.
Parasitic infections:	Mastitis.
Ascaris lumbricoides.	Mitral insufficiency.
Oxyuris vermicularis.	Myalgia.
Paragonimus Westermani.	Nephritis.
Tape-worm.	Onychia.
Other diseases:	Orchitis.
Abscesses—galore.	Osteomyelitis.
Acne.	Pediculosis pernio.
Adenoids.	Peritonitis.
Anal fissure.	Pes planus.
Anal prolapse.	Pharyngitis.
Angina (Vincent's) — com-	Phimosis.
mon.	Phlegmon of hand.
Aphthae.	Proctitis.
	Psoriasis.

KOREA : Continued

Scabies.
Small-pox.
Stomatitis.
Synovitis.
Syphilis—common.
Thecitis.
Urinary fistula.
Urinary retention.
Urinary suppression.
Vitiligo.

PHILIPPINES :

Abscess of liver.
Accidents of pregnancy.
Affections of the bones.
Alcoholism.
Amputations.
Anemia.
Aneurism.
Agina pectoris.
Apoplexy.
Asiatic cholera.
Asthma.
Atheroma.
Beri-Beri.
Bronchitis.
Broncho pneumonia.
Cataracts.
Cerebral congestion and hemorrhage.
Cirrhosis of liver.
Congenital malformation.
Convulsions of children.
Dengue.
Diabetes.
Diarrhea.
Diseases of the eye and ear.
Diseases of the joints.
Diseases of the skin.
Dislocations.
Dropsy.
Dysentery.
Eclampsia.
Elephantiasis.
Encephalitis.
Endocarditis.
Enteritis.
Epilepsy.
Erysipelas.
Fractures.
Gangrene.
Goiter.
Gynecological cases.
Hemorrhages.
Hemorrhoids.
Hernia.
Intermittent fever.
Intestinal parasites.
Leprosy.
Locomotor ataxia.
Malarial cachexia.
Malignant tumors.
Measles.

Meningitis.

Nephritis.
Pericarditis.
Phlebitis.
Plague.
Pleurisy.
Pneumonia.
Potts' disease.
Puerperal hemorrhage.
Puerperal septicaemia.
Rabies.
Rheumatism.
Pulmonary emphysema.
Septicaemia.
Small-pox.
Sprue.
Tetanus.
Tropical ulcers.
Tuberculosis.
Typhoid fever.
Varices.
Venereal diseases.
Whooping cough.

SIAM :

Abscess—
Antrum.
*Breast.
Hip—tubercular hip.
Kidney.
Rib.
Rectal.
Addison's disease.
Adenitis—all forms.
Adenoids.
Amputations.
Anemia—pernicious, splenic.
Ankylosis—various joints.
Aortic insufficiency.
Arthritis—many varieties.
Ascitis.
Asthma.
Auto-intoxication.
*Beri-Beri.
Bright's disease.
Bronchitis.
*Calculus—vesical.
Carbuncle.
Carcinoma (cancer).
*Cataract.
*Cholera.
Chorea—St. Vitus' dance.
Cleft palate.
Conjunctivitis.
Constipation.
Corneal ulcer.
Cysts—dermoid, ovarian.
Cystitis.
Cystocele.
*Dengue fever.
Dermatitis.
Deformities—various forms.
Diabetes.
Dislocations.

†Especially prevalent.

*Found in part of Laos only.

SIAM: Continued

*Dysentery.
Eczema.
*Elephantiasis.
Entropion.
Epilepsy.
Fistula—ano, recto-vaginal.
Floating kidney.
Fractures.
Gangrene.
Gastritis.
Glaucoma.
*Goitre—exophthalmic, hyperthyroid, hypothyroid.
Gonorrhœa.
Gumma.
Hare lip.
Heat exhaustion.
Hemorrhage—lung.
Hemorrhoids.
Hernia.
Hydrocele.
Intestinal obstruction.
*Iritis.
Jaundice.
Keratitis.
Labor cases—instrument.
Leprosy.
*Malaria.
†Malaria—malignant.
Middle ear—diseases.
Mumps.
Neuralgia—facial.
Ophthalmia—neonatorium.
Opium habit.
Paralysis.
Peritonitis.
Phimosis.
Phlebitis.
*Plague.
Pleurisy.
Poisoning—anemic, croton oil, cystocle, iris, rectum.
Pruritis ani.
*Pterygium.
Ptosis.
*Rachitis.
Sarcoma.
Sepsis.
Sinus (rib).
Skin diseases—all kinds.
*Small-pox.
Squint.
Staphyloma.
Stomatitis.
Strabismus.
Stone in ureter.
*Stone in bladder.
Sun fever.
Syphilis—all stages.
Tabes dorsalis.
Titanus.
Tonsilitis.

Trachoma.
Tropical liver.
Tuberculosis.
Typhoid fever.
*Ulcers—many kinds.
Ulcers—tropical.
Uremia.
Vaginitis.
Varicose veins.
Vulvo vaginal abscess.
Whooping cough.
*Wounds — knife, bullet, stab, gored, tiger bite, sword fish bite, snake bite.
*Yaws.
*Worms—intestinal.

LAOS:

Acute eye affections.
Appendicitis.
Cataract.
Constitutional affections consequent in malarial fever.
Dysentery and other intestinal affections.
Fractures from falls.
Liver and kidney affections.
Malarial fever—very prevalent—commonly fatal with children.
Pneumonia and such kindred diseases.
Skin diseases.
Small-pox.
Stone in the bladder.
Tuberculosis.
Typhoid fever.
Wounds from knives and swords, and goring by the buffalo and elephant.

SYRIA:

Contagious diseases:
Cholera—Asiatic—occasionally.
Diphtheria—occasionally—very severe.
Mumps.
Plague—bubonic—occasionally.
Rubeola, measles—very common.
Scarlatina—rare.
Small-pox, confluent — common.
Whooping cough—very common.

Infectious diseases:

Dysentery—very common.
Fevers:
Dengue or breakbone.
Malta fever—gastro-remittent.
Peri-typhoid, mild and severe—common.

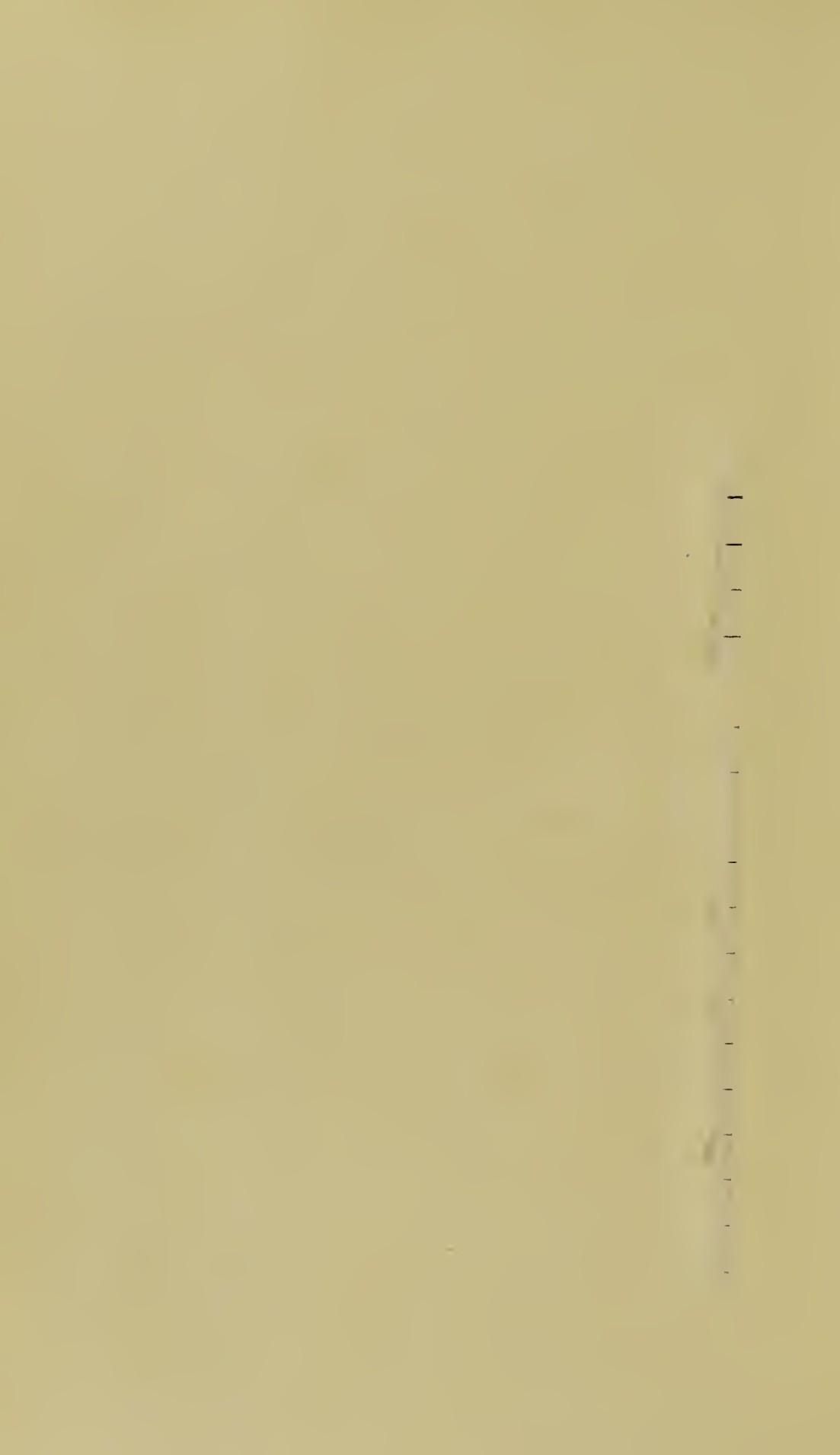
*Found in part of Laos only.

†Especially prevalent.

SYRIA : Continued

Typhoid—enteric.	Pellagra.
Typhus.	Phagedaerie—devouring sore or perforating ulcer.
Leprosy.	Round worm.
Malaria.	Sleeping sickness.
Ophthalmnia—causing Entropion.	Taenia Echinococeus (hydrid cyst).
Granular lids.	Parasites without the body:
Trichiasis.	Aleppo button—Delhi sore.
And many diseases attacking globe of eye.	Anthrax—common in summer, usually fatal.
Septicaemia—blood poison.	Calculi—urinary—biliary.
Tuberculosis in all its forms.	Cancer.
Parasites within the body:	Cataract—senile and traumatic.
Bidharzia—a dreadful disease common in some parts of Syria.	Elephantiasis.
Distoma hapalicand — liver fluke — also known as "Liver rot," caused by eating diseased sheep's livers.	Glauc oma .
Guinea-worm.	Pernicious anemia.
	Rheumatism.
	Scabies—itch.
	Skin diseases in all forms, common and rare.





✓



